INCIDENCE AND OUTCOMES OF ACUTE KIDNEY INJURY IN NEONATES ADMITTED IN NICU

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ABSTRACT

Background: Acute kidney injury (AKI) is common in neonates admitted to the NICU. AKI is associated with increased morbidity and mortality and a greater long-term risk of chronic kidney disease.

Aim: To find the incidence and outcomes of acute kidney injury in neonates admitted in NICU of a tertiary care centre.

Materials and methods: This single-center, prospective cohort study included all neonates who received level 3 NICU care during one year period from January 2019 to December 2019. Neonates admitted to NICU and who received intravenous fluids for atleast 48 hours were included. Neonates who survived less than 48 h after admission, had lethal chromosomal anomalies, had severe congenital renal anomalies and urinary tract anomalies or congenital heart disease requiring repair were excluded. AKI was defined according to the modified KDIGO criteria defined as an increase in serum creatinine of > 0.3 mg/dl or more (≥26·5 μmol/L) or 50% or more from the previous lowest value .Both AKI and non-AKI neonates were prospectively followed up until discharge. Incidence of AKI was noted and factors affecting AKI were studied. Outcomes studied included mortality and length of NICU stay.

Results: Out of 750 neonates screened, 680 neonates met the inclusion criteria. Out of which 66 (9.7 %) neonates had AKI. Incidence of AKI varied by gestational age group, occurring in 19.1% in neonates born <22-29 weeks , 5% in neonates born at 30-36 weeks ,and 15.6% in neonates born at >/= 37 weeks . Out of 66 AKI cases, 66.7% had stage 1, 18.2% had stage 2 and 15.2% had stage 3 AKI as per modified KDIGO criteria. Median day of onset of AKI was 4 (IQR 3-6). Early onset AKI (onset <7 days) was seen in 84.8% neonates and 15.1% neonates had late onset AKI (onset >/= 7 days) Number of cases with adverse outcome were 87 (12.8%) (Discharge Against Medical Advise 10.4 % and Deaths 2.3 %).Out of 87 babies with adverse outcome , 37.8 % were in AKI group as compared to 10.09 % in NON AKI group (p value <0.001). Neonates with AKI had longer hospital stay with mean16 +/- 16.5 days in AKI cases as compared to 10.15 +/- 9.33 days in NON AKI cases .AKI got resolved in 70.8% neonates till the time of discharge.

Conclusion: The incidence of AKI in neonates was found to be 9.7%. In the study neonates with AKI had a significantly more adverse outcome and a longer duration of hospital stay compared to neonates without AKI.

Keywords: AKI. NICU .KDIGO

ABBREVIATIONS

AKI	Acute Kidney Injury
AGA	Appropriate for Gestational age
AWAKEN	Assessment of Worldwide Acute Kidney injury Epidemiology in Neonates
CPAP	Continous positive airway pressure
CRRT	Continous Renal Replacement Therapy
CKD	Chronic Kidney Disease
DAMA	Discharge Against Medical Advise
ECMO	Extracorporeal Membrane Oxygenation
ELBW	Extremely Low Birth Weight
F	Forceps Delivery
FENa	Fractional Excretion of sodium
GFR	Glomerular Filteration Rate
IUGR	Intrauterine Growth restriction
KDIGO	Kidney Diseases: Improving Global Outcomes
LSCS	Lower Segment Cesarean Section
LGA	Large for gestational age
NICU	Neonatal Intensive Care Unit
NVD	Normal Vaginal Delivery
NEC	Necrotising Enterocolitis
PDA	Patent ductus Arteriosus
PD	Peritoneal Dialysis
PNA	Perinatal Asphyxia
RRT	Renal Replacement Therapy
S.Cr	Serum Creatinine
SGA	Small for gestational age
VLBW	Very Low Birth Weight

KEY TO MASTER CHART

S.NO			KEY
1	GENDER	MALE FEMALE	M F
2	MODE OF DELIVERY	NVD FORECEPS LSCS	N F L
3	SITE OF DELIVERY	INBORN OUTBORN	I O
4	GESTATIONAL AGE(WEEKS)	22-29 30-36 >/=37	1 2 3
5	GROWTH STATUS	SGA AGA LGA	S A L
6	ANTIBIOTIC DRUG USED	CEFOTAXIM AMIKACIN PIPERACILLIN-TAZOBACTAM NETILMICIN MEROPENEM VANCOMYCIN	C A P N M V
7	OUTCOME	DISCHARGE DISCHARGE AGAINST MEDICAL ADVISE EXPIRED	D DAMA E
8	DOB	Date Of birth	
9	DOA	Date of Admission	
10	DOD	Date of Discharge	
	RDS	Respiratory Distress Syndrome	

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INTRODUCTION

Acute kidney injury (AKI) is a clinical condition often seen in the neonatal intensive care unit (NICU).There has been a dearth of medical literature available regarding acute kidney injury in sick neonates .Growing interest in research in this area in the recent times has led to some single and multi centre studies being conducted to study AKI in critically ill neonates. With time the impact of neonatal AKI is becoming more evident.

Findings from single centre studies have suggested that Acute kidney injury is not only significantly but also pertents worse outcomes and prognosis in neonates and children with AKI as compared to those without the disorder.

There is a consistent lack in relevant studies aimed at studying the incidence and outcome of neonatal AKI from India. This justifies the need for the proposed study that aimed to investigate the incidence of neonatal AKI and its association with neonatal morbidity and mortality among the diverse patient population being catered to, at our level 3 tertiary care hospital.

In recent years there has been an evolution in AKI definitions from arbitrary definitions to standardized staged definitions

Using SCr in neonatal AKI diagnosis is cumbersome. Some reasons include: the mother's creatinine influence, daily changes in normal GFR due to continuing nephrogenesis after birth and a wide distribution of normal GFR range. In spite of all these drawbacks, an increment in SCr has been associated with worsening mortality in neo-natal ICU.

There are different serum creatinine-based AKI definitions that have been used, making data comparison across studies difficult. Most of the studies have used serum creatinine (SCr) >/= 1.5 mg/dl as a diagnostic criteria for AKI. There is no universally adopted definition of AKI.

The incidence of neonatal AKI found in published studies varies from 3% to 71%. This wide range reflects heterogeneity in patient selection, frequency and type of monitoring, and the AKI definition used.

Number of studies done on Acute Kidney Injury in neonates are limited to specific subsets of patients such as neonates with perinatal asphyxia ,sepsis , or neonates receiving extracorporeal membrane oxygenation ,or very low birth weight neonates .

Based on single-center prospective and retrospective data, the incidence of AKI is 19 % in premature infants[(1)], 39 % in newborns who receive hypothermia for severe perinatal asphyxia [(2)], 71 % in newborns with congenital diaphragmatic hernia who receive extracorporeal membrane oxygenation (ECMO)[(3)] and 52 % in newborns who undergo cardiopulmonary bypass for congenital heart disease [(4)]

Data on risk factors for nAKI from developed nations have been published, but there is a paucity of similar data from developing nations.[(5)]

Historically, many different criteria have been used to define AKI, which has made it difficult to understand its accurate epidemiology and the ability to generalize results of single-center studies across patient populations. There are limitations in interpreting Scr after birth, so there was a need to derive neonate based criteria for AKI from already known pediatric AKI definitions.

In a very recent study it was found that in sick neonates, mKDIGO criteria performed better than nRIFLE in detecting AKI.[(6)]

The Acute Kidney Injury Network definition [(7)]and Kidney Disease: Improving Global Outcomes (KDIGO) [(8)]definitions. These definitions have been applied to more than half of a million adult and pediatric subjects of varying underlying clinical diagnoses. However, there has been little consensus on the definition of AKI in the neonatal age group.

According to the modified neonatal KDIGO definition, AKI was classified into three stages based on the following criteria: absolute increase in SCr from a previous trough, de-crease in UOP or both SCr increase and UOP decrease.

For AKI staging, we used SCr measurements obtained after the first 72 h of life to avoid the effect of maternal creatinine.

AKI has also been defined with respect to onset and divided into two, whether early onset AKI (occurring </= 7 days) or Late onset AKI occurring>7 days after birth.[8]

We conducted a 12- month prospective cohort study of sick neonates to evaluate distinct questions: [1] What is the incidence of AKI in this cohort? [2] What are the risk factors associated with AKI? [3] Is AKI associated with mortality?

We hypothesized that neonates with AKI will have high mortality rates, increased length of stay in NICU, and distinct perinatal risk factors compared with neonates without AKI.

This study encompassed the entire neonatal intensive care unit (NICU) population and offered comparative insights across different gestational age groups.

Improving our understanding of the incidence, and outcomes ascribed to AKI could lead to preventive and therapeutic interventions that could improve outcomes.[9]

Some multi centre studies have also been conducted. A fairly recent multi centre, multinational study (AWAKEN Study) suggested that neonatal AKI is independently associated with increased mortality .It reported nAKI in 30% using the mKDIGO criteria.

With AWAKEN as a foundation, this study provides data needed to support the development of evidence-based monitoring guidelines for use by neonatologists, paediatricians, and paediatric nephrologists as they care for patients with AKI in the NICU and those at risk for chronic kidney disease in the future. Only two countries outside of North America were included, thus AWAKEN study represents mostly North American NICUs. Also neonates born from January to March were included, which might have contributed to variation in antenatal care, mortality rates and length of hospital stay.

New AKI biomarkers are emerging as possible tools to diagnose AKI earlier, but they are still expensive and not completely standardized to be

used in daily practice[10,11] In last few years, an intensification of research is seen in this area.

There have been numerous studies dedicated to AKI in the neonatal population, but they commonly limit the analysis to particular populations, such as premature and low birth weight infants[12,10,1]

This study will improve our understanding of the incidence of AKI in the NICU and its association with important clinical outcomes in these patients and will help move the field forward toward the establishment of a common framework for neonatal AKI research.

Strategies designed to prevent AKI and treatments to reduce the burden of AKI, including renal support devices designed for neonates, are greatly needed to improve the outcomes of these vulnerable neonates.

In the present study, we aimed to evaluate the incidence, predictive factors, and outcome of AKI in neonates admitted to a single-center tertiary NICU in DMC&H Ludhiana, Punjab, over a 1-year period.

AIMS AND OBJECTIVES

1. To find the Incidence and outcomes of AKI in Neonates born or admitted in Dayanand Medical College and Hospital Ludhiana.

REVIEW OF LITERATURE

Acute Kidney Injury previously termed as acute renal failure is common and that neonates and children with AKI have worse outcomes than do those without the disorder. AKI affects neonates of all gestational ages. Consistent with studies in other critically ill populations, neonatal AKI is not simply an incidental finding, but a key event that affects mortality and hospital length of stay.[13]

It is defined as an abrupt decrease in glomerular filtration, with or without underlying structural abnormalities. It presents with diminished urinary output and/or elevation of serum creatinine and other electrolyte abnormalities. [14]

AKI may result due to specific inherited conditions, developmental abnormalities or as a result of acquired events either in the prenatal or in the postnatal period. Therefore it is very important while evaluating neonates for AKI to review the history (family history, gestational history and the neonatal events) as well as the presenting complaints and the relevant laboratory results.[14]s

It is characterized by a sudden deterioration of the normal kidney function.

INCIDENCE OF NEONATAL AKI

Various studies done on neonatal AKI .Incidence is quite variable .Despite consistent improvement in care of critically-ill neonates with congenital cardiac disease, sepsis and hypoxia, AKI still has an incidence rate of 68% in NICUs, with a mortality rate of 45%.[15]

The Incidence of acute kidney injury in extremely low birth weight (ELBW) infants ranges from 8% to 24%. [16]AKI occurs in up to 8 % of neonates in neonatal intensive care units.[17]

NEONATAL RENAL EMBRYOGENESIS AND FUNCTIONAL DEVELOPMENT

The neonatal kidney has been described as 'halfway to acute renal failure [18] Neonatal kidneys are unique, the development is a self-regulating process. Nephrogenesis is dependent on fine balance of various factors ,

which if disturbed by some genetic/epigenetic prenatal events like nutritional deficiencies ,toxic insults, maternal comorbidities (hypertension, diabetes), prematurity, low birth weight resulting in hinderance to the normal nephrogenesis.[14]

Various studies in human and non-human primates showed that nephrogenesis continues in preterm babies after birth also no new nephrons are formed after birth in term infants. [1920]

The mature human kidney is the result of three embryonic organs i.e the pronephros, the mesonephros, and the metanephros. The pronephros contains rudimentary tubules, which are transient and disappears at the end of the fourth week of gestation. The mesonephros develops and consisted of well developed nephrons comprising vascularized glomeruli connected to proximal and distal tubules draining into a mesonephric duct .The metanephros is the final developmental stage and comes in the fifth or sixth week of gestation. It has 2 components: the ureteric bud (UB) and the metanephric mesenchyme.[14]

As development procedes, the metanephros is located at progressively higher levels, and reaches the lumbar position by 8 weeks of gestation.

There are Four stages of nephron development :1) the renal vesicle appears , 2) transformation of renal vesicle to a comma shaped body , 3) capillary loop stage 4) maturing nephron including proximal tubules , the loop of henle, distal tubules, development of juxtaglomerular complex and part of the afferent arterioles . Any interruption/disruption of any part of this sequence leads to reduced nephron numbers.

Nephrogenesis begins at the fifth week of gestation and continues until 34 to 36 weeks, yielding the adult complement of 200 000 to 2.7 million nephrons.[14]

FUNCTIONAL DEVELOPMENT

1) Renal Blood Flow

There are significant changes in neonatal renal blood flow after birth that are relevant to the study of AKI in neonates. In comparison with the 20% to 25% of cardiac output received by the adult kidney, at birth the neonatal kidneys receive 2.5% to 4.0% of the cardiac output. Over time, this increases to 6% at 24 hours of life, 10% at 1 week, and 15% to 18% at 6 weeks of age.[21]

The changes in renal blood flow after birth result from increased renal perfusion pressure, increased systemic arteriolar resistance, and decreased renal vascular resistance due to neuro humoral changes with angiotensin II and prostaglandins playing major roles and also increase in inner to outer cortical blood flow .[22]

2) Glomerular Filteration Rate

Glomerular Filteration begins soon after the first nephrons are formed and GFR increase in parallel with body and kidney growth .GFR at birth is lower in the most premature neonates and rises after birth dependent on the degree of prematurity.

GFR increases from about 5 to 40 mL/min/1.73 m during the first week of life. It continues to increase to 65 mL/min/1.73 m by two months of age and reaches the adult level of 120 mL/min/1.73 m by two years of age. The increase in GFR is attributed to increased RBF and decreased renal vascular resistance (RVR)[23]

3) Tubular Function

a) **Sodium (Na+) handling**: Tubular resorption of sodium by neonatal kidneys developed by 24 weeks of gestation and is low until 34 weeks of gestation. Hence, Premature neonates below 34 weeks of gestation often develop hyponatemia when on feeds even in the absence of kidney injury.

b) **Water handling**: The newborn's kidney has a limited ability to concentrate urine. This is because there is limited urea

concentration within the renal interstitium .In premature neonates maximum urine osmolality is 500 mOsm/L and in term neonates it is 800 Mosm/L.

c) **Potassium handling**: Premature neonates have slightly higher serum potassium levels than term neonates. Preterm neonates unable to excrete large potassium loads due to decreased dital tubular potassium secretion (decreased aldosteron sensitivity) , low Na –K+ ATPase activity and low GFR .

d) **Acid and bicarbonate handling**: Preterm Neonates are born with a mild proximal RTA that improves with maturation .Neonates ability to eliminate acid load is less also because the rates of phosphate excretion is less which limits the generation of titratable acid .Very low birth weight neonates can develop mild metabolic acidosis during the second to fourth week after birth that may require administration of additional sodium bicarbonate.

e) **Calcium and Phosphorous**: In neonates there is increased phosphate retention associated with growth, therefore serum phosphorous levels are high as compared to older children and adults. Tubular reabsorption of phosphate varies with gestational age, increasing from 85% at 28 weeks to 93 % at 34 weeks and 98 % by 40 weeks.

   There is hypercalcemia in the fetus which leads to relative hypoparathyroidism in the first few days after birth .However neonates are usually asymptomatic because the ionized calcium levels are normal due to lower serum albumin and the relative metabolic acidosis in the neonate.

f) **Fetal Urine production**: It starts at 9 to 10 weeks and contributes to the amniotic fluid and increases with gestation [24] The urinary flow rate increases 10-fold during fetal life from 6 mL/h at 20 weeks to 60 mL/h at 40 weeks of gestational age [25].It is necessary for pulmonary development .

Renal vascular resistance is under the control of many vasoactive factors including angiotensin II, prostaglandins, nitric oxide (NO), and catecholamines [26]

In the fetal and neonatal period, the renin- angiotensin system is critical to normal renal development and blood flow. Angiotensin II, the effector molecule of the renin- angiotensin system, causes vasoconstriction at the afferent and efferent arterioles with the greatest impact at the efferent arteriole [27,28]

CLINICAL ASSESSMENT OF KIDNEY FUNCTION

A) HISTORY:

1) Prenatal History/ Maternal history of:

a) Maternal illness

b) Maternal Drug intake, ACE inhibitors, ARBs, Indomethacin decreases glomerular capillary pressure and GFR.

c) Oligohydramnios indicates decreased fetal urine production .May be associated with kidney agenesis, dysplasia, polycystic kidney disease, severe obstruction of the urinary tract system .It is suggestive of poor fetal perfusion due to preeclampsia or maternal vascular disease.

d) Polyhydramnios associated with maternal diabetes, fetal anomalies (esophageal atresia, Anencephaly)

e) High serum /amniotic fluid alpha fetoprotein and enlarged placenta are associated with congenital nephrotic syndrome

2) Family history of:

a) Urinary Tract anomalies

b) Polycystic kidney disease

c) Consanguinity

d) Inherited renal tubular disorders

3) Delivery history of:

a) Fetal distress

b) Asphyxia

Volume loss: ischemic or anoxic injury

B) PHYSICAL EXAMINATION

a) Abdominal masses

b) Edema

c) Congenital Syndromes

C) LABORATORY EVALUATION

SERUM CREATININE

In spite of all the limitations of using serum creatinine levels to define AKI in the neonate, it is still the most widely used marker.

After birth, the serum creatinine in the newborn is a reflection of maternal renal function and cannot be used as a measure of renal function in the newborn till 72 hours of life.[29 30]

Defining AKI in neonates remains a challenging dilemma. Earlier, neonatal AKI was defined in terms of absolute serum creatinine levels. More recently, proposed definitions are based upon the degree of increase in serum creatinine levels rather than a single absolute cut-off value. These definitions requires serial creatinine measurements; this may be of concern in preterm babies who are especially susceptible to anemia from iatrogenic blood losses

The rate of decrease in serum creatinine in the first few weeks is slower in younger gestational age infants with lower GF

NORMAL SERUM CREATININE VALUES IN TERM AND PRETERM INFANTS (MEAN +/- SD) [14]

Age(Day)	<28 weeks	28-32 Weeks	32-37 Weeks	>37 Weeks
3	1.05 +/- 0.27	0.88 +/- 0.25	0.78 +/- 0.22	0.75 +/- 0.2
7	0.95 +/- 0.36	0.94 +/- 0.37	0.77 +/- 0.48	0.56 +/- 0.4
14	0.81 +/ - 0.26	0.78 +/- 0.36	0.62 +/- 0.4	0.43 +/- 0.25
28	0.66 +/- 0.28	0.59 +/- 0.38	0.40 +/- 0.28	0.34 +/- 0.2

In adults there is a classification system to standardize the definition of AKI and was modified to characterize AKI in children

PEDIATRIC-MODIFIED RIFLE (pRIFLE) CRITERIA [17]

CRITERIA	ESTIMATED CCL(eCCL)	URINE OUTPUT
Risk	Decrease by 25 %	< 0.5 ml/kg/hr for 8 hours
Injury	Decrease by 50 %	<0.5 ml/kg/hr for 16 hours
Failure	Decrease by 75 % or <35 ml/min/1.73m2	<0.3 ml/kg /hr for 24 hours or anuric for 12 hours
Loss	Persistent failure > 4 weeks	
End-Stage Renal Disease	Persistent failure > 3 months	

NEONATAL RIFLE CRITERIA OF AKI [31]

STAGE	Decrease in GFR	URINE OUTPUT	CREATININE
R(RISK)	25-50% Loss of GFR	<0.5 cc/kg/hr for 6 hours	>1.5 times the baseline
I(INJURY)	50-75% Loss of GFR	<0.5 cc/kg/hr for 12 hours	>2 times the baseline
F(FAILURE)	>75% Loss of GFR	<0.3 cc/kg/hr for 24 hours	>3 times
L (LOSS)			
E(END STAGE RENAL DISEASE)			

The neonatal modified Kidney Diseases: Improving Global Outcomes (KDIGO) has been adopted by many researchers to define neonatal AKI [6]

STAGE	Scr	URINE OUTPUT
O	No change in SCr or rise <27umol/L (0.3 mg/dl)	>0.5ml/kg/hour
1	SCr rise >/= 27umol/L().3 mg/dl) within 48 h or SCr rise>/= 1.5-1.9 times reference* SCr within 7 days	<0.5 ml/kg/hr for 6-12 hours
2	SCr rise >/= 2-2.9 times reference* SCr	</= 0.5 ml/kg/h for >/=12 hours
3	SCr rise >/= 3 times reference* SCr or Scr^ >/= 221umol/L (2.5 mg/dl) or receipt of dialysis	</= 0.3 ml/kg/h for 24 hours or anuria for >/=12 hours

- Reference SCr: defined as the lowest previous SCr value
- Scr^ value of >2.5 mg/dl represents,10 ml/mon/1.73 m2
- In 2013, a panel of experts at an National Institutes of Health-sponsored workshop discussed about the definition of neonatal AKI to be used and concluded that the categorical modified Kidney Diseases: Improving Global Outcomes (KDIGO) definition which is being used in pediatric and adults studies is as good as any other proposed. This neonatal KDIGO definition relies on the lowest previous serum creatinine to act as the baseline value to compare subsequent serum creatinine. A SCr rise of 0.3 mg/d within 48 hours or a SCr rise of 50% or higher from baseline, or urine output <1 ml/kg/hr currently serve as criteria for diagnosis of neonatal AKI [32]

ACUTE KIDNEY INJURY NETWORK (AKIN) CRITERIA OF AKI [17]

STAGE	RISE IN SERUM CREATININE
1	>150 %
2	>200 %
3	>300 %

Glomerular filtration rate rises 2 times in the first 14 days of life and is proportional to gestational age .Thus there will be a wide variation in plasma creatinine levels in new born infants. There is seen a fall in plasma creatinine concentrations both with increasing postnatal and gestational age [33]

Thus, use of the serum creatinine as a determinate of renal insufficiency requires that the gestational age at time of birth and the postnatal age as well as maternal factors needs to be taken into account.

The Scr pattern in early neonatal life is complex, with the highest Scr at birth in full-term neonates. Knowledge of these patterns is crucial to explore the utility of Scr as an AKI biomarker.[34]

A decline in urine output is a common clinical manifestation of acute renal failure but many forms of acute renal failure are associated with normal urine output.[35]

The urine output level less than 0.5mL/kg per hour is not a sensitive marker of the neonatal AKI and must be increased up to 1.0 mL/Kg per hour.[36, 37]

The time of initial voiding might be delayed until 24 h of life in some normal term infants. Furthermore, very low birth weight (VLBW) infants may present oliguric phases that resolve spontaneously in the first days of life.

Other biomarkers under investigation for acute kidney injury are changes in plasma neutrophil gelatinase-associated lipocalin and cystatin C levels and urinary changes in neutrophil gelatinase-asscociated lipocalin, interleukin 18 and kidney injury molecule-1.[17]

CAUSES OF ACUTE KIDNEY INJURY IN NEWBORNS [38]

(A) PRERENAL CAUSES

1) DECREASED TRUE INTRAVASCULAR VOLUME

a) Dehydration

b) Gastrointestinal losses

c) Salt wasting renal or adrenal disease

d) Central or nephrogenic diabetes insipidus

e) Third space losses (sepsis, traumatized tissue)

2) DECREASED EFFECTIVE INTRAVASCULAR VOLUME

a) Congestive heart failure

b) Pericarditis

c) Cardiac tamponade

(B) INTRINSIC RENAL DISEASE

a) Acute tubular necrosis

b) Ischemic/hypoxic insults

c) Drug induced- Aminoglycosides, Intravascular contrast, Nonsteroidal anti-inflammatory drugs

d) Toxin mediated- Endogenous toxins, Rhabdomyolysis, Hemoglobinuria

e) Interstitial nephritis Drug induced- antibiotics, Anticonvulsants, Idiopathic

f) Vascular lesions

- Cortical necrosis
- Renal artery thrombosis
- Renal venous thrombosis

g) Infectious causes- Sepsis, Pyelonephritis

h) Congenital Renal Diseases

Dysplasia /hypoplasia

Cystic renal diseases

Autosomal Recessive polycystic kidney disease

Autosomal Dominant polycystic kidney disease Cystic dysplasia

C) OBSTRUCTIVE UROPATHY

a) Obstruction in a solitary kidney

b) Bilateral ureteral obstruction

c) ureterocele

d) Urethral obstruction Posterior urethral valves Stricture

e) Extrinsic tumors

f) Neurogenic bladder

g) Megacystitis or megaureter syndrome

PRERENAL, RENAL AND POSTRENAL CAUSES

A) PRERENAL AZOTEMIA

The causes of acute kidney injury in new-born are multiple and can be divided as prerenal, renal and post renal. Out of these, Prerenal azotemias are the most common type of acute kidney injury in newborns. It occurs in over 80% of cases, as a result of the poor renal perfusion, which, if promptly treated, results in improvement of renal function and urine output. The main causes of prerenal failure are systemic hypotension, hypovolemia, hypoxia, and acidosis.[39]

This renal hypoperfusion can be because of true volume contraction or from a decreased effective blood volume.

True volume contractions is the result of hemorrhage, dehydration due to gastrointestinal losses, salt wasting renal or adrenal diseases, central or nephrogenic diabetes insipidus, increased insensible losses, disease states causing third spaces losses such as sepsis, traumatized tissue and capillary leak syndrome.

Decreased effective blood volume occurs when the true blood volume is normal or increased but renal perfusion is decreased due to diseases such as congestive heart failure and cardiac tamponade.[40]

The evolution of pre-renal failure to intrinsic renal failure is not sudden and a number of compensatory mechanisms are there to maintain renal perfusion when it is otherwise compromised.[41]

B) INTRINSIC AKI

It implies direct damage to the glomeruli, interstitium or tubules. Tubular injury in neonates is most commonly caused by severe ischemia, nephrotoxins or sepsis. In neonates primary interstitial and glomerular injury is very rare.

Severe and prolonged ischemic/hypoxic injury and nephrotoxic insult lead to acute tubular necrosis (ATN).

The pathophysiology of ischemic/hypoxic ATN is thought to be related to early vasoconstriction followed by patchy tubular necrosis. The urinalysis may be unremark-able or demonstrate low-grade proteinuria and granular casts while urine indices of tubular function demonstrate an inability to conserve sodium and water as described above. The creatinine typically increases by about 0.5 to 1.0mg/dL per day. Radiographic studies show kidneys of normal size with loss of corticomedullary differentiation, and a radionucleotide renal scan with technetium99-MAG3 or technetium99-DTPA will show normal or slightly decreased renal blood flow with poor function and delayed accumulation of the radioisotope in the renal parenchyma without excretion of the isotope in the collecting system

The prognosis of ATN is good except in cases when the insult is of sufficient severity to lead to vasculature injury and micro thrombi formation with the subsequent development of cortical necrosis

In children who recover from ATN, the renal function returns to normal but the length of time before recovery is quite variable. Some children will begin to recover renal function within days of the onset of renal failure while recovery may not occur for several weeks in other children. Return of renal function may be accompanied by a diuretic phase with excessive urine output at a time when the tubules have begun to recover from the insult but have not recovered sufficiently to appropriately reabsorb solute

and water. When the diuretic phase occurs during recovery, close attention to fluid and electrolyte balance is very important to ensure adequate fluid management to promote recovery from acute tubular necrosis and prevent additional renal injury.

Hemolysis and rhabdomyolysis from any cause can result in sufficient hemoglobinuria or myoglobinuria to induce tubular injury and precipitate acute renal failure [42]

The mechanisms of injury is complex but may be related to vasoconstriction, precipitation of the pigments in the tubular lumen, and/or heme-protein induced oxidant stress.[43]

CORTICAL NECROSIS

Cortical necrosis is associated with hypoxic/ischemic insults due to perinatal asphyxia, abruptio placenta, and twin to twin transfusion or twin to maternal transfusions with resultant activation of the coagulation cascade. [44] Children and newborns with cortical necrosis usually have gross or microscopic hematuria, oliguria, and may have hypertension as well.[45] Radiographic features include a normal renal ultrasound in the early phase while ultrasound in the later phases may show that the kidney has undergone atrophy and has substantially decreased in size. A radio nucleotide renal scan will show decreased to no perfusion with delayed or no function in contrast to delayed uptake of the radio-isotope that is observed in ATN.

The prognosis of cortical necrosis is worse than that of acute tubular necrosis. Children with cortical necrosis may have partial recovery or no recovery at all. Typically, children with cortical necrosis will need short- or long-term dialysis therapy but children who do recover sufficient renal function are at risk for the late development of chronic renal failure

C) POST RENAL AKI

The post-renal kidney injury is a consequence of the urinary tract obstruction with inappropriate urine elimination.[46,47] In neonates and infants congenital conditions such as posterior urethral valves and bilateral

ureteropelvic junction obstruction, account for majority of cases of AKI .In a patient with 2 functioning kidneys, obstruction must be bilateral to result in AKI. Relief of the obstruction usually results in recovery of renal function, except in patients with associated renal dysplasia or prolonged urinary tract obstruction.

TO DIFFERENTIATE BETWEEN PRERENAL AND RENAL

The urine osmolality, urine sodium concentration, the fractional excretion of sodium, and the renal failure index have been proposed for use to help differentiate prerenal failure from acute tubular necrosis (ATN).

Fractional excretion of sodium is the urine: Plasma (U:P) ratio of sodium divided by Urine: Plasma of creatinine x 100.The presence of hematuria, proteinuria and red blood cell or granular urinary casts suggests intrinsic AKI. The presence of white blood cells and white blood cell casts with low grade hematuria and proteinuria suggests tubulointerstitial disease. Urinary eosinophils may be present in children with drug induced tubulointerstitial nephritis.

The tubules are working appropriately in prerenal failure and are therefore able to conserve salt and water appropriately while in ATN tubules have progressed to irreversible injury and are unable to appropriately conserve sodium.[48]

During pre-renal failure, the tubules are able to respond to decreased renal perfusion by appropriately conserving sodium and water such that the specific gravity is elevated (>1.020), urine osmolality is greater than 400 to 500 mOsm/L, the urine sodium is less than 10 to 20 meq/L, and the fractional excretion of sodium is <1% in children (<2.5 % in neonates).

When the renal tubules have sustained injury as occurs in acute tubular necrosis, they cannot appropriately conserve sodium and water such that the specific gravity is low (<1.010) , the urine osmolality is less than 350 mOsm/L, the urine sodium is greater than 30 to 40 meq/L and the fractional excretion of sodium is > 2.0%(>10 % in neonates)

How-ever, the use of these numbers to differentiate prerenal failure from acute tubular necrosis re-quires that the patient has normal tubular function initially. [32]

The fractional excretion of sodium (FENa) has also been proposed to differentiate ARF from prerenal failure in patients without any previous diuretic treatment.

A FENa greater than 2.5%–3.0% was found in term new-born infants with established ischemic ARF. [49]

FENa varies inversely with both gestational age and postnatal age in neonates without renal failure. [50]

RENAL FAILURE INDICES IN THE OLIGURIC NEONATE [51]

Indices	Prerenal Failure	Intrinsic renal Failure
Urine Sodium (meq/L)	10-50	30-90
Urine /Plasma Creatinine	29.2+/- 1.6	9.7 +/-3.6
FeNa*	0.9 +/-0.6	4.3 +/- 2.2

RISK FACTORS FOR NEONATAL AKI

There are certain Predisposing factors such as perinatal asphyxia, neonatal sepsis, prematurity, congestive heart failure and congenital anomalies, therapeutic interventions and certain nephrotoxic drugs. The appropriate treatment of the associated comorbidities, less use of the potential nephrotoxic drugs reduce the risk of acute kidney injury in neonatal population in the intensive care units.[51, 52,53]

Other risk factors for development of the neonatal acute kidney injury include very low birth weight (less than 1,500 g), low 5-minute APGAR score, intubation at birth. [54]

SEPSIS

Sepsis can cause renal failure through a variety of mechanisms including; shock, disseminated intravascular coagulopathy, hemorrhage, cardiac failure and through ATN [55]

In the study done by Pereia et al sepsis has been said to be one of the important predisposing causes of AKI in 90% cases. The fatality among septic neonates with AKI was 2.5 times higher. [56]

Septicemia contributes to AKI in 40–93 per cent of cases in both developed and third world countries. [57]

PERINATAL ASPHYXIA:

With hypoxia, blood flow to the kidney is reduced to maintain perfusion of the heart, brain, and adrenal glands. AKI associated with asphyxia is predominantly non-oliguric. Thus, serum creatinine should be monitored daily in the severely asphyxiated neonate.[58]

Shock and severity of asphyxia are the associated factors for asphyxia induced AKI. There was a significantly higher incidence of AKI in grades II and III Sarnat hypoxic-ischemic encephalopathy score compared with grades 0 and I.[59,60]

Application of the new neonatal modification of the KDIGO/ AKIN criteria by three recent studies, gives an incidence of AKI in 38– 41.7% of PA neonates.[61]

Also Patients with oliguric AKI (not corrected by a fluid challenge and furosemide) carried a poorer prognosis compared with non-oliguric AKI.[59]

PATENT DUCTUS ARTERIOSUS

Administration of indomethacin for closure of the patent ductus arteriosus in premature newborns is associated with a substantial risk of AKI. It leads to 56% reduction in urinary flow rate, a 27% reduction in glomerular filtration rate, and a 66% reduction in free water clearance.[62]

Alteration in renal function occur in approximately 40% of premature newborns who have received indomethacin and such alterations are usually reversible. [63]

It has been seen that the selective COX–2 inhibitors can adversely affect renal hemodymanics similar to the effects of non-selective COX inhibitors.[64]

NEPHROTOXIC DRUG

Nephrotoxicity represents a potentially avoidable cause of AKI in neonates As per the neonatal renal physiology there is increased likelihood of nephrotoxicity because of the fact that most of the medications are predominately excreted through the kidneys, and there is a progressive concentration of filtered and secreted compounds in the tubular lumen[65]

For extremely low birth weight infants, most commonly used medications by exposure are gentamicin, ampicillin, caffeine citrate, vancomycin, furosemide, dopamine, beractant, indomethacin, fentanyl, and albuterol. [66]

Careful inventory of risk factors should be done, if nephrotoxic drugs are administered to neonate like: prior nephrotoxicity, renal function, severity of illness, volume status, nephrotoxic medication burden, and gestational age Aminoglycosides exposure is a frequent cause of AKI.

The etiology of aminoglycoside nephrotoxicity is related to the lysosomal dysfunction of proximal tubules and is reversible once the aminoglycoside antibiotics have been discontinued.[67]

Risk factors for AKI in neonates who are given vancomycin include higher vancomycin troughs, concomitant nephrotoxins or diuretics, positive blood cultures, low birth weight, patent ductus arteriosus, and higher severity of illness. [68]

Newborns with nephrotoxic renal insults including aminoglycoside nephrotoxicity and contrast nephropathy are more likely to have acute renal failure with normal urine output.[69]

CONGENITAL HEART DISEASES

Incidence of AKI is higher in Newborns with congenital heart diseases affecting systemic circulation, and especially those undergoing cardiopulmonary bypass.[70,71]

One retrospective study analyzed data from 435 neonates who underwent cardiac surgery with cardiopulmonary bypass and found that fluid overload of ≥16% was an independent risk factor for developing AKI.[72]

It has been reported that the mortality rate in newborns with AKI due to cardiac surgery is higher than that due to causes other than cardiac surgery. [73]

OTHER

Both necrotizing enterocolitis and acute kidney injury independently increase mortality in newborns. Necrotizing enterocolitis leads to inflammatory kidney changes predisposing to renal damage. Newborns with necrotizing enterocolitis should be evaluated for early recognition of acute kidney injury.[74]

In one retrospective chart review of premature infants, gestational age (GA) 23-34 weeks, who developed modified Bell's level 2 or 3 NEC while admitted to two tertiary NICU it was reported that 42.9% of neonates with NEC developed AKI.[75]

GENETIC RISK FACTORS /PREDISPOSITION

Recent very interesting studies have shown that some newborns may have genetic risks factors for acute renal failure. Polymorphism of the angiotensin converting enzyme (ACE) gene or the angiotensin receptor gene with resultant alterations in activity of the renin angiotensin system might play a role in the development of acute renal failure.[76]

In studies in newborns, polymorphisms of tumor necrosis factor alpha, interleukin (IL) 1b, interleukin 6, and interleukin 10 gene were investigated in newborns to determine if polymorphisms of these genes would lead to a more intense inflammatory response and predispose newborns to acute renal failure.[77]

The allelic frequency of the individual genes did not differ between newborns with acute renal failure and those without acute renal failure but the tumor necrosis factor (TNF) a/ IL-6 AG/GC haplotypes was present in 26% of newborns who developed acute renal failure compared to 6% of

newborns who did not. The investigators suggested that the combination of these polymorphisms might lead to a greater inflammatory response and the development of acute renal failure in neonates with infection. [77]

MANAGEMENT OF AKI

MEDICAL MANAGEMENTOF AKI

In neonates and children with urinary tract obstruction, such as posterior urethral valves, a bladder catheter should be placed immediately to ensure adequate drainage of the urinary tract.[17]

It is very important to determine the volume status of the patient while initially evaluating for AKI. If there is no evidence of volume overload or cardiac failure, intravascular administration of isotonic saline @ 20ml/kg over 30 min should be done. Severe hypvolemia require additional fluid boluses. Central venous pressure can be checked if blood volume adequacy is difficult to be assessed. After volume resuscitation, hypovolemic patients generally void within 2 hours, if not it suggests intrinsic or postrenal AKI. Hypotension caused by sepsis requires vigorous fluid resuscitation followed by continuous infusion of norepinephrine.

Diuretic therapy should be considered only after the adequacy of the circulating blood volume has been established. If there is no response to diuretic challenge, diuretics should be discontinued and fluid restriction is essential .Patients with a relatively normal intravascular volume should initially be limited to 400 ml/m2/24 hour (insensible losses) plus an amount of fluid equal to the urine output for that day. Extrarenal (blood, gastrointestinal tract) fluid losses should be replaced volume by volume.

Once intrinsic renal failure has become established, management of the metabolic complications of acute kidney injury continues to involve appropriate management of fluid balance, electrolyte status, acid-base balance, nutrition, and the initiation of renal replacement therapy when appropriate

COMPLICATIONS OF AKI AND MANAGEMENT

1) Metabolic Acidosis
2) Hyperkalemia
3) Hyperphosphatemia and Hypocalcemia
4) Hyponatremia
5) GI bleed
6) Hypertension
7) Neurologic symptoms
8) Anemia
9) Volume Overload
10) Pulmonary edema

1) METABOLIC ACIDOSIS

Acidosis is very common in acute kidney Injury, because the kidney excretes net acids generated by diet and intermediary metabolism. Severe acidosis can be treated with intravenous or oral sodium bicarbonate, oral sodium citrate solutions, and/or with dialysis therapy. When considering treatment of acidosis, it is important to consider the serum ionized calcium level. Under normal circumstances, approximately half the total calcium is protein bound while half is free and in the ionized form, which is what deter-mines the transmembrane potential and electro-chemical gradient. Hypocalcemia is common in acute renal failure and acidosis will increase the fraction of total calcium to the ionized form. Correction of metabolic acidosis with intravenous bicarbonate can precipitate tetany in patients with renal failure as rapid correction of acidosis reduces the ionized calcium concentration

2) HYPERKALEMIA

In AKI there is rapid development of hyperkalemia (Serum potassium level >6 mEq/L).The kidney tightly regulates potassium balance and excretes approximately 90% of dietary potassium intake, therefore hyperkalemia is a common and potentially life threatening electrolyte abnormality in acute kidney injury.[78]

Other factors contributing to hyperkalemia are the Reduction in GFR, urine output, and urine potassium excretion, immature tubular response to aldo-sterone, neonatal acidosis, and a catabolic state. (79)

The concentration of serum potassium that results in arrhythmia is dependent on the acid base balance and the other serum electrolytes. Hypocalcemia, also, exacerbates the adverse effects of the serum potassium on cardiac conduction pathways. Tall peaked T-waves are the first manifestation of cardiotoxicity, and prolongation of the PR interval, flattening of P waves and widening of QRS complexes are later abnormalities. Severe hyperkalemia will eventually lead to ventricular tachycardia and fibrillation and requires prompt therapy with sodium bicarbonate, intravenous glucose and insulin, and intravenous calcium gluconate.(80)

These therapies do not remove potassium from the body. Kayexalate given orally, per nasogastric tube or per rectum will exchange sodium for potassium in the gastrointestinal tract and result in potassium removal. (81)

Complications of kayexalate therapy include possible hypernatremia, sodium retention, and constipation, intestinal necrosis. (82)

Depending on the degree of hyper-kalemia and the need for correction of other metabolic derangements in acute kidney injury, persistent hyperkalemia frequently requires the initiation of dialysis or hemofiltration

3) HYPERPHOSPHATEMIA AND HYPOCALCEMIA

Hypocalcemia is primarily treated by lowering the serum phosphorous level .Calcium should not be given intravenous except in cases of tetany to avoid deposition of calcium salts into tissues.

Because the kidney excretes the large amount of ingested phosphorus, hyperphosphatemia is a very common electrolyte abnormality noted during acute renal failure. Hyperphosphatemia should be treated with dietary phosphorus restriction and with oral calcium carbonate or other calcium compounds to bind phosphorus and prevent gastrointestinal absorption of phosphorus. (83)

Because most patients with acute renal failure have hypocalcaemia, the use of calcium-containing phosphate binders provides a source of calcium as well as phosphate binding capacity.[84]

4) HYPONATREMIA

It is most commonly dilutional hyponatremia which is corrected by fluid restriction .If symptomatic (seizures, lethargy) and serum sodium <120 mEq/L it should be corrected with 3 % NS administration

5) GI BLEEDING

It is because of uremic platelet dysfunction, increased stress and heparin exposure if treated with hemodialysis or continuous renal replacement therapy.

6) HYPERTENSION

It results from hyperreninemia associated with primary disease process and or expansion of the extracellular fluid volume and is most common in AKI patients with acute glomerulonephritis or HUS .salt and water restriction is critical and diuretic administration may be helpful.

7) NEUROLOGIC SYMPTOMS

It includes headache, seizures, lethargy and confusion (encephalopathy). It is because of hypertensive encephalopathy, hyponatremia, hypocalcemia, cerebral haemorrhage, cerebral vasculitis and the uremic state**.**

8) ANEMIA

In AKI anemia is Mild and results from hemodilution .Children might need transfusion if Hamoglobin is <7 mg/dl. Slow transfusion over 4-6 hours at 10ml/kg diminishes the risk of hypervolemia. In the presence of severe hypervolemia or hyperkalemia, blood transfusions are most safely administered during dialysis.

RENAL REPLACEMENT THERAPY

Renal replacement therapy (RRT) is the most effective way of managing severe acute kidney injury (AKI) in critically ill patients.

Indications for dialysis in AKI are:

- Anuria/Oliguria
- Fluid overload
- Persistent Hyperkalemia
- Severe metabolic acidosis unresponsive to medical management
- Uremia(encephalopathy, pericarditis, neuropathy)
- Blood urea nitrogen >100-150 mg/dl
- Calcium: phosphorus imbalance with hypocalcemic tetany

There are three main modalities of RRT in neonates: peritoneal dialysis, intermittent hemodialysis and continuous renal replacement therapy. It depends on the center experience, availability of access, and the presence of certain contraindications to a particular modality.

1) PERITONEAL DIALYSIS

With the advances in care for neonates in neonatal intensive care units (NICUs), the percentages of newborns requiring acute peritoneal dialysis (PD) have been gradually increased.

Acute peritoneal dialysis (PD) has historically been the mainstay of RRT for neonates because of its relative ease of access and technical simplicity.[85]

It provides a nonvascular form of renal replacement therapy for children at all ages including neonates with AKI and certain metabolic disturbances.

Advantages of peritoneal dialysis that it is relatively easy to perform, does not require heparinization, and the newborn does not need to be hemodynamically stable to undergo peritoneal dialysis.[86] In contrast to HD, APD does not require any expertise for its application. [87]

The disadvantages include a slower correction of metabolic parameters and the potential for peritonitis. To increase the efficiency of peritoneal dialysis, frequent ex-changes as often as every hour and use of dialysate with higher glucose concentrations will re-move more solute and water, respectively. Relative contraindications include recent abdominal surgery and massive organomegaly or intra abdominal masses as well as ostomies that may increase the risk of peritonitis. Other relative

contraindications to PD include vesicostomies, prune belly syndrome, necrotizing entero-colitis, and malignancies

Access to peritoneal cavity is usually through a percutaneous PD Tenckhoff, one-cuffed neonatal catheters with straight tips. In supine position, under all aseptic measures and local anesthesia, a 0.5 cm vertical incision through the linea alba 0.5–1.0 cm below the umbilicus is made. Blunt dissection is carried down through the subcutaneous tissue until the rectus sheath is seen. A guided PD catheter is inserted and passed through the iliac fossa at an angle of 45 .The PD catheter, washed with heparinized solution, is threaded on a stiffening stylet and introduced toward the left iliac fossa.The tip of the catheter is placed in the Douglas pouch. The guide is removed, and approximately 25–50 mL of heparinized saline is infused rapidly; its outflow is assessed to confirm adequate function. The PD catheter is fixed by closing the incision with sutures. The titanium adaptor is added to the proximal end of the catheter. The catheter exit site is covered with a trans-parent, oxygen-permeable dressing.[88]

PD is started with a dwell volume of 10–20 mL/kg. The dextrose concentration varies from 1.36% to 3.86%, and the choice of dextrose concentration depends on the presence of hypervolemia and edema. The higher the dextrose concentration, the greater the fluid osmolality .Standard initial prescription consists of 10 min for installation of fluid and 30–45 min dwell time followed by 15 min of drainage. Low volume peritoneal dialysis have a milder effect on the hemodynamic status of the neonate and has been shown to effectively control uremia and promote ultra-filtration.[89]

Indications for discontinuation of PD treatment include a return to a sufficient urine output, maintained a negative fluid balance, normalization of the serum electrolytes and acid–base status, as well as ammonium levels.

In experienced hands, major complications of PD are few. Neonates who receive acute PD have multiple risk factors for complications, including low body surface area, placement of the catheter, prematurity, and other comorbid diseases .PD related complications are peritonitis, obstruction, leakage.[90] Peritonitis is treated by systemic and/or intraperitoneal antibiotics. Obstruction is to be eliminated by catheter revision. Persistent obstruction requires catheter replacement .Leakage is managed by reduction in the dwell volume.

The use of hemodialysis (HD) and hemofiltration, are technically more difficult in newborns, have recently been replaced by APD, as wide extracorporeal circuit volumes, anticoagulation, and weak arterial access are limiting factors for other therapies, particularly in newborns.[91,92]

One Retrospective study done by Caner Alparslan et al, to evaluate neonatal intensive care unit (NICU) patients' characteristics treated with acute peritoneal dialysis (PD) and their risk factors for mortality and overall mortality rate was 59.25% and PD-related complications were seen in 25.92% of patients.[93]

INTERMITTENT HAEMODIALYSIS

Despite continued expertise and/or technological advancement, hemodialysis (HD) cannot be applied effectively in NICU patients. It accomplishes both fluid and electrolyte removal in 3-4 hour sessions using a pump driven extracorporeal circuit and large venous catheter .It may be performed 3-7 times per week based on patient's fluid and electrolyte balance**.**

Hemodialysis has the advantage that metabolic abnormalities can be corrected rather quickly and hypervolemia can be corrected by rapid ultrafiltration as well [94]

The disadvantages of hemodialysis include the requirement for heparinization, the need for maximally purified water by a reverse osmosis system and the need for skilled nursing personnel.

Relative contraindications include hemodynamic instability or severe hemorrhage.

CONTINUOUS RENAL REPLACEMENT THERAPY (CRRT)

It is useful in patients with unstable hemodynamic status, concomitant sepsis, or multiorgan failure in the intensive care unit. CRRT is an extracorporeal therapy in which fluid ,electrolytes and small and medium size solutes are continuously removed from the blood (24 hours /day) using a specialized pump-driven machine .

It is effective for patients with high ultrafiltration needs. Its use in neonates has been limited by the currently available technology, with circuits generally only approved for older children who weigh >20 kg. CRRT has been performed on hundreds of children with machinery adapted for the smaller patient. Whereas the blood volume of a 4 kg full-term neonate is about 320 mL, the smallest CRRT circuit used currently in the USA with the Prismaflex filter M60 is 100 mL.

M60 also carries the risk of bradykinin release because of the AN-69 membrane, which has pushed some centers to use the HF1000 polysulfone membrane with a total circuit volume of about 170 mL. If the circuit volume is >10% of the patient's blood volume, to avoid acute hemorrhagic shock blood-priming the circuit is advisable. It includes giving intravenous calcium to limit hypocalcemia due to the chelating effect of citrate preservative in the blood as well as buffering the blood with sodium bicarbonate to counteract acidic pH of blood products. Other risks of blood primes (especially when multiple circuits are needed or in those with a high extracorporeal volume) include hyperkalemia and bleeding diathesis, as blood primes do not include platelets or coagulation factors found in whole blood.

Recently smaller circuits have been employed to decrease the complications of RRT in newborns. The HF20 filter, with a surface area of 0.2 m^2, has been used for years across the world but has not been approved in the USA by the Food and Drug Administration (FDA). Two very promising new devices are the Newcastle Infant Dialysis Ultrafiltration System (NIDUS), with an extracorporeal

volume of 6.5 mL for filters of 0.045 m^2, and Cardiac And Renal Pediatric Dialysis Emergency (CARPEDIEM™) that has available circuits of 27, 34, and 45 mL for filters of 0.075, 0.15, and 0.25 m^2respectively [95,96]

CARPEDIEM [96]

The CARPEDIEM is a CRRT machine designed specifically for infants weighing 2.5–10 kg and has the capability for various treatment modalities, including CVVH, pre dilution or post dilution, plasma exchange, blood exchange, CVV haemodiafiltration (HDF) and single-pass albumin dialysis with minimal, insignificant blood micro haemolysis as it passes through the circuit. The extracorporeal circuit volume is miniaturized to 27 ml, minus the filter, and thus the requirement for blood prime is reduced. It can house three different-sized filters: 0·075, 0.15 and 0.25 m2. Miniature roller pumps provide the capacity to run continuously at flow rates of 5–50 ml/min. As a result, babies have been successfully dialyzed using 4.0- to 4.5-F dual-lumen catheters. The circuit offers a significant improvement in UF accuracy of~1 g and re infusion or dialysis-flow errors ranging from 8 to7.5%

Comparison of Peritoneal dialysis, Intermittent haemodialysis ,and continual Renal Replacement Therapy [97]

BENEFITS	PD	IHD	CRRT
Fluid Removal	+	++	++
Urea and Creatinine clearance	+	++	+
Potassium Clearance	++	++	+
Toxin clearance	+	++	+

COMPLICATIONS	PD	IHD	CRRT
Abdominal pain	+	-	-
Bleeding	-	+	+
Dysequilibrium	-	+	-
Electrolyte imbalance	+	+	+
Need for heparinization	_	+	+/-
Hyperglycemia	+	-	-
Hypotension	+	++	+
Hypothermia	-	-	+
Central Line infection	-	+	+
Inguinal or abdominal hernia	+	-	-
Peritonitis	+	-	-
Protein Loss	+	-	-
Respiratory compromise	+	-	-
Vascular thrombosis	_	+	+

As a result of these uncertainties, RRT in children is often considered a last-chance rescue therapy.

There is growing evidence to support long-term risk of renal complications in neonatal AKI survivors including proteinuria, urinary concentrating defects, hypertension, and reduced GFR [98, 99,100]

In autopsied kidneys, infants with AKI had lower glomerular count compared to infants without AKI, suggesting that injury during infancy can have substantial implications on total nephron counts [101]

The prognosis of recovery of renal function depends on the disorder that precipitated AKI .Medical management is necessary for a prolonged period to treat the sequelae of AKI, including chronic renal insufficiency, hypertension, renal tubular acidosis.

Emerging biomarkers which require further study in the neonatal population include netrin-1 and EGF. [102]

In a prospective cohort study done by Matgorzata baumert et al concluded that NGAL seems to be a promising marker, even in subclinical AKI in neonates, due to its high specificity. [103]

In the present study, we aimed to evaluate the incidence, predictive factors, and outcome of AKI in neonates admitted to a single-center tertiary NICU in DMCH Ludhiana, Punjab over a 1-year period.

MATERIALS AND METHODS

OBJECTIVE OF THE STUDY: To find the incidence and outcomes of Acute Kidney Injury In sick neonates born or admitted in a tertiary care centre.

STUDY DESIGN:

It was a Clinical, prospective, observational study performed over a period of 1 year from 1st January 2019 to 31st December 2019.

SETTING: NICU of a tertiary care centre.

PARTICIPANTS: Of the total 750 NICU admissions over 1 year period, 680 neonates fulfilled the inclusion criteria.

Source of data was all neonates born or admitted in NICU at Dayanand Medical College &Hospital Ludhiana, Punjab. All Sequentially admitted neonates in NICU, meeting the inclusion criteria were included in the study**.** All neonates were prospectively followed up until NICU discharge.

INCLUSION AND EXCLUSION CRITERIA:

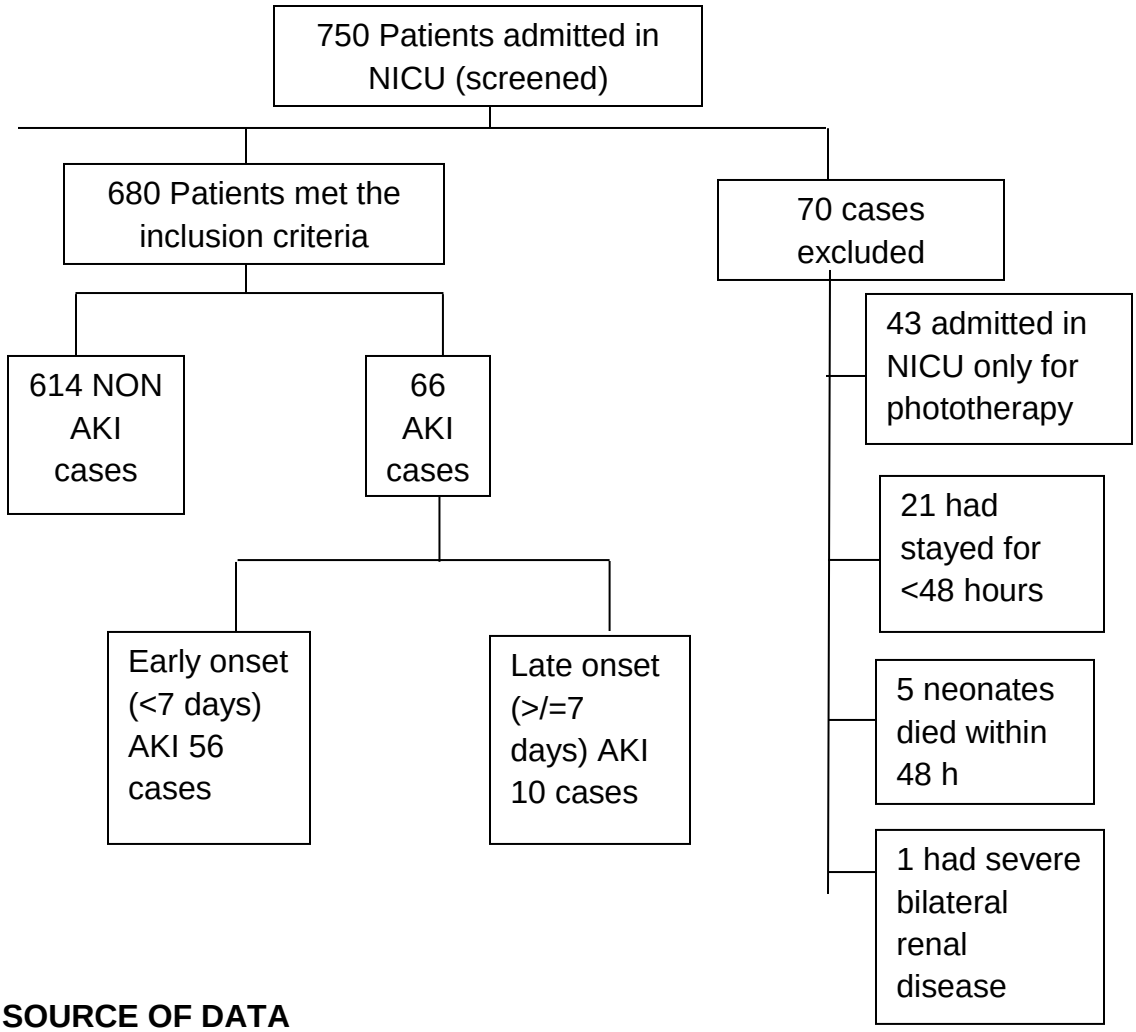
INCLUSION CRITERIA:

- Neonates who had received intravenous fluids for at least 48 hours.

EXCLUSION CRITERIA:

- Lethal chromosomal anomaly
- Death within 48 hours of NICU admission
- Severe congenital kidney and urinary tract abnormalities.
- Neonates with congenital heart disease requiring surgical repair within 7 days of life.

Figure: Study Flow Chart


750 Patients admitted in NICU (screened)
680 Patients met the inclusion criteria
70 cases excluded
614 NON AKI cases
66 AKI cases
43 admitted in NICU only for phototherapy
21 had stayed for <48 hours
Early onset (<7 days) AKI 56 cases
Late onset (>/=7 days) AKI 10 cases
5 neonates died within 48 h
1 had severe bilateral renal disease

SOURCE OF DATA

Source of data were neonates born or admitted in NICU at Dayanand Medical College & Hospital Ludhiana from 1st January 2019 to 31st December 2019.

METHOD OF COLLECTION OF DATA

This study was conducted at level 3 NICU of Dayanand Medical College and Hospital Ludhiana. The NICU at DMCH is a 30-bed unit serving as an academic and referral centre for governments and private establishments in surrounding districts with a total of 800-900 inborn deliveries per year. The Hospital has an electronic registry system for all admissions and central diagnostic laboratory. It was a prospective observational study. Source of data were neonates born or admitted in NICU at Dayanand

Medical College & Hospital Ludhiana. Study was approved by the Institutional ethics committee.

Data of all the neonates meeting the inclusion criteria was entered in the pre-structured proforma after taking written consent from either of the neonate's parents and the data was analysed. The variables extracted were chosen based on their relevance to the study of neonatal AKI. All serum creatinine values obtained during the study period were recorded .Two Separate Proformas were filled for AKI and NON AKI cases. AKI severity was classified into one of three stages by use of Modified KDIGO Criteria for neonates.

Proformas filled contained information regarding the baseline demographic details of the neonates, neonatal morbidities, maternal variables, serial serum creatinine values and outcomes.

The variables used in the proformas were based on their relevance to the study of neonatal AKI.

The Demographic Details included:

- Name of the neonate
- Gender of the neonate
- Father's name
- Date of birth , date of Admission, Date of Discharge from the hospital
- Medical record number
- Address
- Gestation and Weight at birth
- Growth status of the neonate (whether appropriate or small or large for gestational age)
- Mode of delivery, whether born by vaginal delivery, vaginal delivery with forceps or lower segment caesarean section (LSCS)
- Site of delivery, whether born in DMCH (inborn) or born outside (outborn)
- Apgar score at 1 min and 5 min of inborn babies

The reason for admission included:

- Prematurity <35 weeks
- Respiratory distress
- Sepsis
- Prenatal Asphyxia
- Seizures
- Hypoglycemia
- Hyperbilirubinemia
- Congenital Heart disease
- Nectrotising enterocolitis
- Surgical cause
- Small for gestational Age
- Large for gestational age
- Congenital renal anomaly

Neonatal morbidities during the hospital stay :

- Birth Asphyxia requiring bag and mask ventilation
- Need for ventilation and duration of ventilator support during the NICU stay
- Respiratory Distress Syndrome
- Need for surfactant
- Need for CPAP
- Apnea of prematurity
- Feed Intolerance
- Nectrotising Enterocolitis
- Need for inotropes
- Need for phototherapy Need for exchange transfusion
- Abnormal ROP screening
- Sepsis , whether early onset sepsis or late onset sepsis
- Use of Antibiotics and duration of antibiotics used

Maternal Variables included:

- Age of mother (years)
- Maternal infection
- Maternal diabetes
- Chronic Hypertesnion
- Kidney Disease
- Pre-Eclampsia
- Eclampsia
- Intrauterine growth retardation
- Oligohydramnios
- Polyhydramnios
- Antepartum Haemorrhage
- Multiple Gestation
- Assisted Conception

AKI Complications:

- Hyperkalemia
- Acidosis
- Pulmonary Edema
- Volume Overload
- Hyponatremia
- Anemia
- Hypertension
- GI bleed

Other variabales included:

- Day of onset of AKI
- Probable Cause of AKI
- Need for replacement Therapy
- Outcome(whether discharged, discharged against medical advise or expired)

Newborns were classified as having AKI if they meet the serum creatinine definition of modified neonatal Kidney Disease: Improving Global Outcomes KDIGO classification AKI was defined as an increase in serum creatinine of > 0.3 mg/dl or more (≥26·5μmol/L) or 50% or more from the previous lowest value. Comparison with the lowest previous serum creatinine value is necessary because serum creatinine values normally decline over the first weeks after birth, such that the baseline value is constantly changing. The method used to measure serum creatinine value was Jaffe s method.

The neonatal modified Kidney Diseases: Improving Global Outcomes (KDIGO) has been adopted by many researchers to define neonatal AKI

STAGE	**Scr**	**URINE OUTPUT**
O	No change in SCr or rise <27umol/L (0.3 mg/dl)	>0.5ml/kg/hour
1	SCr rise >/= 27umol/L(0.3 mg/dl) within 48 h or SCr rise>/= 1.5-1.9 times reference* SCr within 7 days	<0.5ml/kg/hour for 6-12 hours
2	SCr rise >/= 2-2.9 times reference* SCr	</= 0.5 ml/kg/h for >/=12 hours
3	SCr rise >/= 3 times reference* SCr or Scr^ >/= 221umol/L (2.5 mg/dl) or receipt of dialysis	</= 0.3 ml/kg/h for 24 hours or anuria for >/=12 hours

- *Reference SCr: defined as the lowest previous SCr value
- Scr^ value of >2.5 mg/dl represents ,GFR of <10 ml/min/1.73 m2

Serum creatinine values were monitored. Neonates with no previous baseline creatinine available, creatinine value was compared with data available for normal serum creatinine values in terms and preterms neonates. AKI stage defined with use of Mean serum creatinine level for that category of gestation and day of life of neonate.

Normal Serum Creatinine values in Term and Preterm infants (Mean +/- SD)

Age(Day)	<28 weeks	28-32 Weeks	32-37 Weeks	>37 Weeks
3	1.05 +/- 0.27	0.88 +/- 0.25	0.78 +/- 0.22	0.75 +/- 0.2
7	0.95 +/- 0.36	0.94 +/- 0.37	0.77 +/- 0.48	0.56 +/- 0.4
14	0.81 +/ - 0.26	0.78 +/- 0.36	0.62 +/- 0.4	0.43 +/- 0.25
28	0.66 +/- 0.28	0.59 +/- 0.38	0.40 +/- 0.28	0.34 +/- 0.2

Modified KDIGO definition was used in the proposed study because this definition is the most widely accepted definition of AKI in neonatal studies. Criterias used were selected because it enables enrolment of neonates who are most likely to have measurements for serial serum creatinine. Neonates who have received intravenous fluids for first 48 hours were selected so as to exclude stable neonates. Babies admitted to the NICU without need for intravenous fluids are generally only mildly ill (i.e., transient tachypnoea of the newborn, transient hypoglycaemia, advancement of feeds, admitted just for phototherapy) and receive intensive care for only a short period.

Total 750 neonates admitted sequentially from 1st January to 31st December 2019 were screened. Out of 750, 680 met the inclusion criteria and finally enrolled in the study. Out of these 680 admissions, 478 were inborn babies and 202 were outborn.

OUTCOMES

PRIMARY OUTCOME-

To know the Incidence of AKI according to modified KDIGO criteria for neonates.

SECONDARY OUTCOMES-

1) Duration of hospital stay
2) Morbidity and mortality of neonates with and without AKI.

STATISTICAL ANALYSIS:

SPSS version 21 was used for the statistical analysis. Categorical variables were analysed by proportional differences with either $\chi 2$ or Fisher's exact tests. For normally distributed continuous variables, means and SDs were determined with the Student's *t* test. For non-normative distributed variables, medians and IQRs were determined, and compared in groups with the Wilcoxon signed-ranks test. A p value of less than 0.05 was considered statistically significant.

OBSERVATION AND RESULTS

DEMOGRAPHIC VARIABLES

Table 1: Gender Distribution

Gender	No. of cases	Percentage
Females	244	35.9%
Males	436	64.1%
Total	680	100.0%

Table 1 shows that out of total 680 enrolled neonates, there were 244 (35.9 %) females and 436 males (64.1 %)

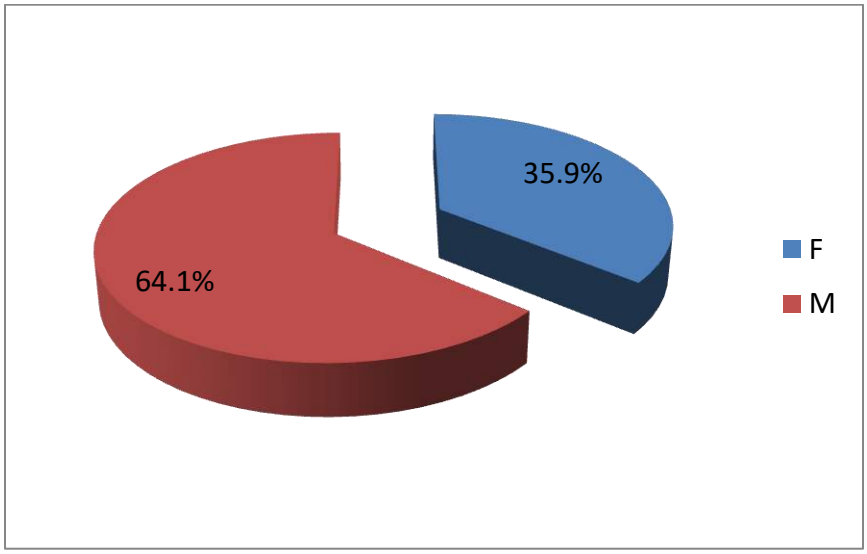


Figure 1: Gender Distribution

Table 2: Mode Of delivery

Mode of delivery	No. of cases	Percentage
LSCS	498	73.2%
NVD	157	23.1%
FORCEPS	25	3.7 %
Total	680	100.0%

Table 2 shows that out of total 680 enrolled neonates, 498 (73.2%) were born by LSCS, 157 (23.1 %) were born by Normal Vaginal Delivery, 25 (3.7%) were Forceps assisted deliveries.

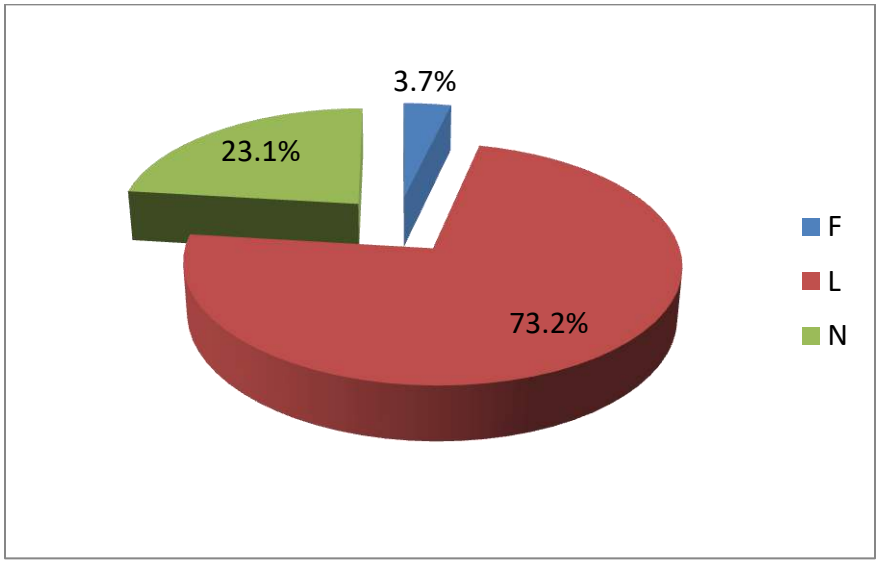


Figure 2: Mode Of delivery

Table 3: Site of delivery

Site of delivery	No. of cases	Percentage
Inborn	478	70.3%
Outborn	202	29.7%
Total	680	100.0%

Table 3 shows that out of total 680 enrolled neonates, there were 202 (29.7 %) outborn neonates and 478 (70.3 %) neonates were inborn.

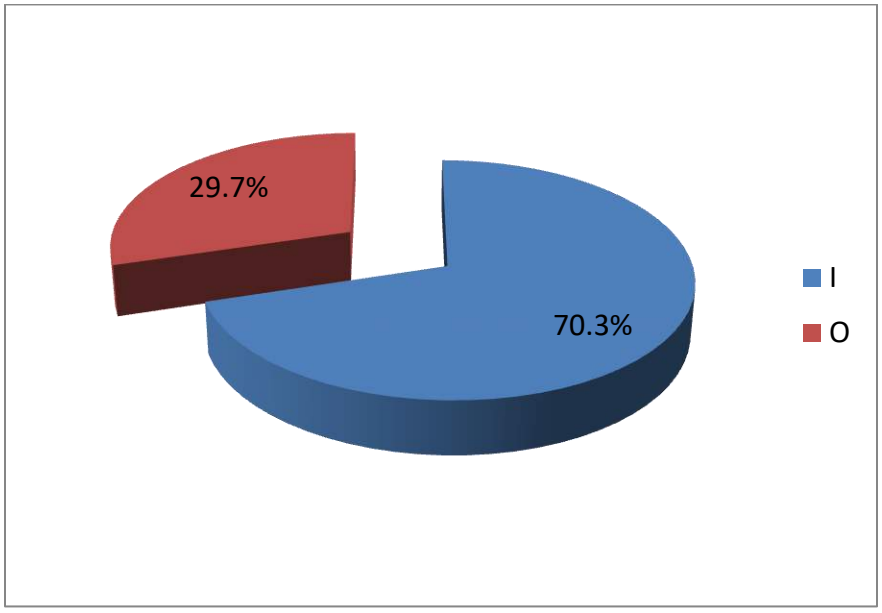


Figure 3: Site of delivery

Table 4: Gestational Age

Gestational age (weeks)	No. of cases	Percentage
22-29	47	6.9%
30-36	396	58.2%
>/=37	237	34.9%
Total	680	100.0%

Table 4 shows that out of total 680 enrolled neonates, 47 (6.9%) neonates were 22- 29 weeks, 396 (58.2%) were 30- 36 weeks, and 237 (34.9%) were > /=37 weeks .

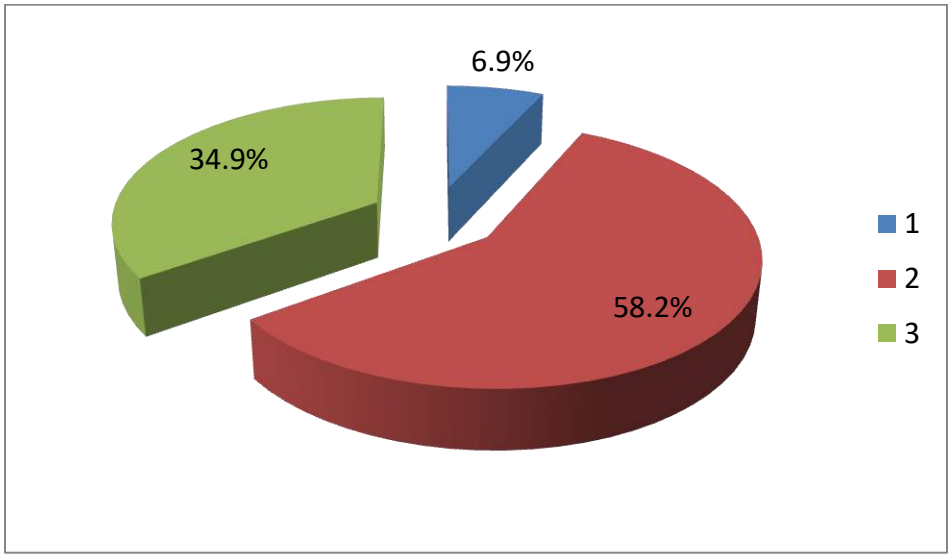


Figure 4: Gestational Age

Table 5: Growth Status

Growth status	No. of cases	Percentage
AGA	533	78.4%
SGA	129	19%
LGA	18	2.6%
Total	680	100.0%

Table 5 shows that out of total 680 enrolled neonates, 533 (78.4 %) were Appropriate for Gestational Age,129 (19 %) were Small for Gestational age and 18 (2.6 %) neonates were Large for Gestational Age.

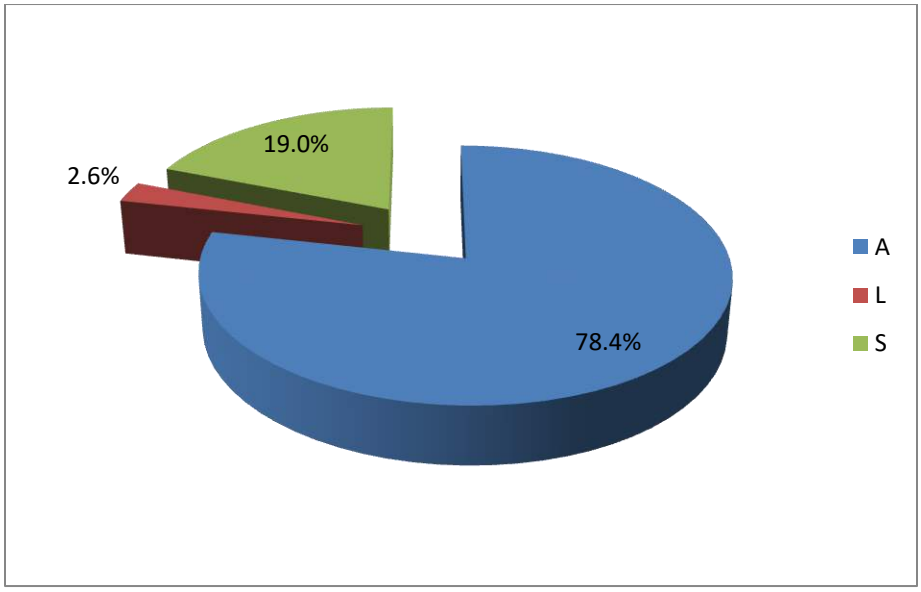


Figure 5: Growth Status

Table 6: Birth Weight in Grams

Birth weight (grams)	No. of cases	Percentage
<1000	42	6.2%
1001-1500	123	18.1%
1501-2500	301	44.3%
>2501	214	31.5%
Total	680	100.0%

Table 6 shows that out of total 680 enrolled neonates, 42 (6.2 %) neonates were <1000 gm, 123 (18.1%) were 1001-1500 gm, 301 (44.3 %) neonates were 1501-2500 gm, and 214 (31.5 %) neonates were > 2501 gm.

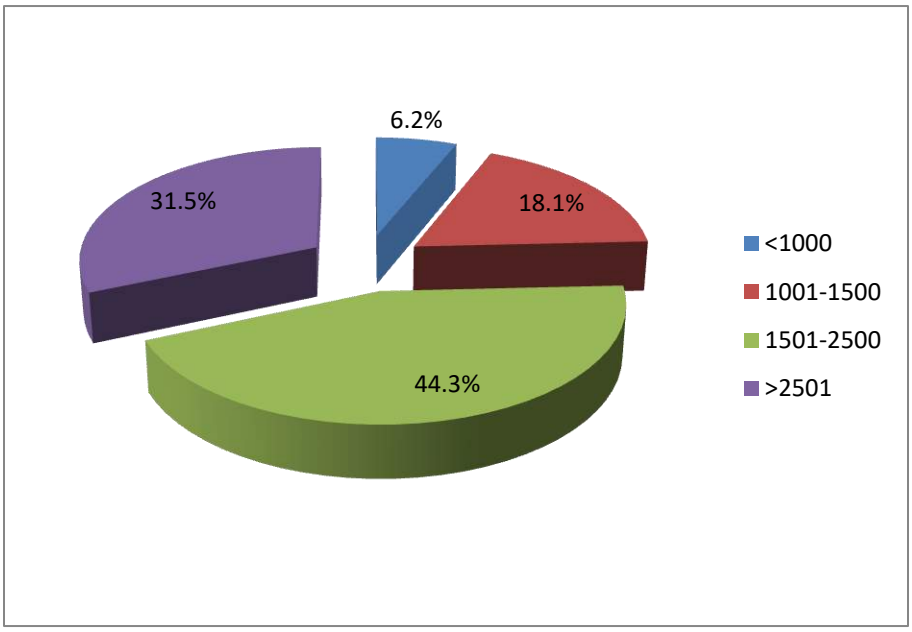


Figure 6: Birth Weight in Grams

Table 7: Mean Birth weight

	N	Minimum	Maximum	Mean	Std.Deviation
Birth Weight in Grams	680	460	4520	2142.9	735

Table 7 shows that mean birth weight of neonates enrolled was 2142.9 +/- 735 gm.

Table 8: Mean Gestational Age

	N	Minimum	Maximum	Mean	Std.Deviation
Gestational age (weeks)	680	23	42	34.44	3.418

Table 8 shows that Mean gestational age of neonates enrolled was 34.44 +/- 3.418 weeks

Table 9: Duration of hospital stay

	N	Minimum	Maximum	Mean	Std. Deviation
Duration of Hospital stay (days)	680	3.0	87.0	10.7	10.4

Table 9 shows that Mean duration of hospital stay was 10.7 days +/- 10.4 SD

REASON FOR ADMISSION

Table 10: Reason for Admission

Reason for admission	No. of cases	Percentage
Respiratory Distress	518	76.2%
Prematurity <35 weeks	299	44.0%
Perinatal Asphyxia	92	13.5%
Sepsis	52	7.6%
Small for gestational age	27	4.0%
Surgical Cause	19	2.8%
Hypoglycemia	17	2.5%
Congenital Heart disease(not requiring surgical repair)	15	2.2%
Seizures	14	2.1%
Hyperbilirubinaemia	12	1.8%
Large for gestational age	3	0.4%

Table 10 shows that out of total 680 enrolled neonates, reason of admission in 518(76.2 %) cases was Respiratory distress, in 299 (44 %) cases Prematurity <35 weeks , 92 (13.5 %) cases Perinatal Asphyxia , 52 (7.6 %) cases Sepsis, 27 (4 %) cases Small for gestational age , 19 (2.8 %) cases Surgical Cause , 17 (2.5 %) hypoglycemia , 15 (2.2 %) cases Congenital Heart Disease, 14 (2.1 %) cases Seizures , 12 (1.8 %) Hyperbilirubinemia, 3 (0.4 %) cases Large for gestational Age .

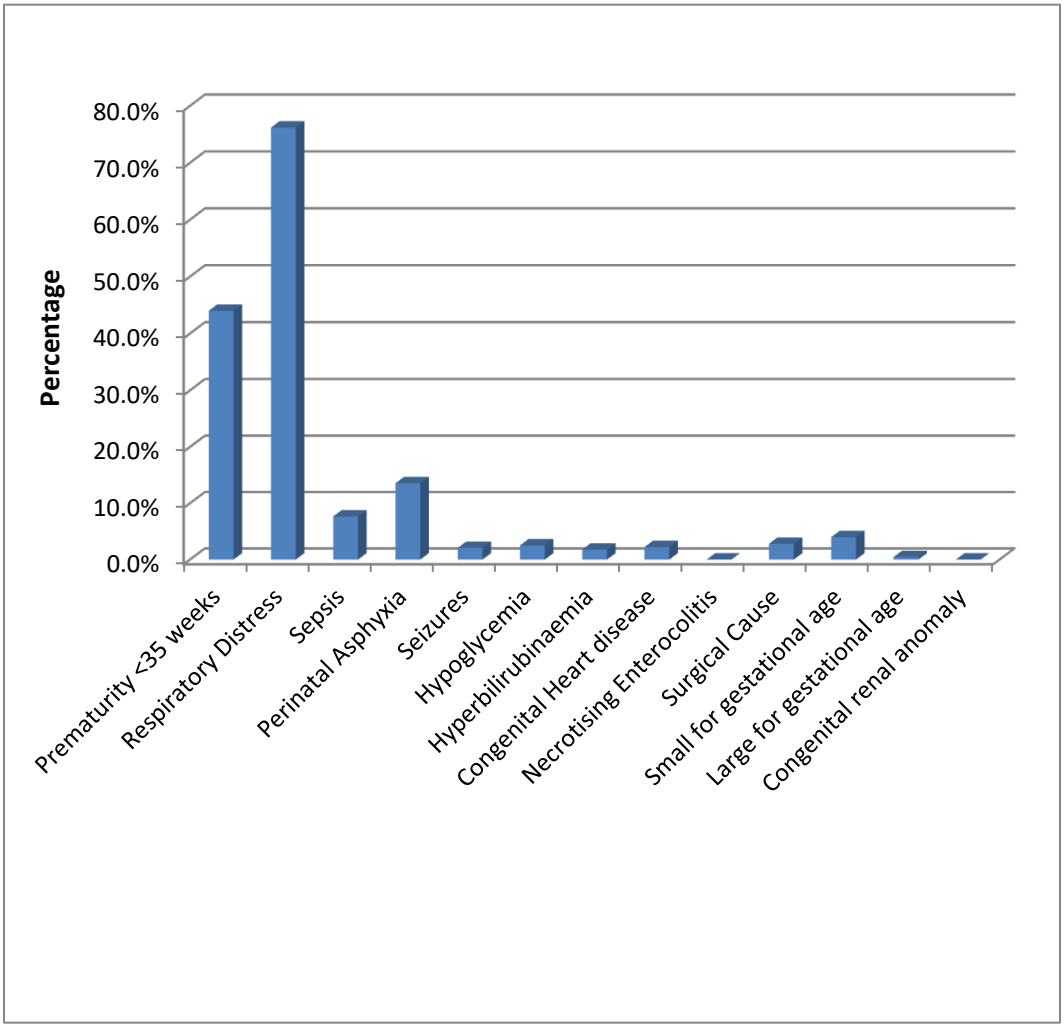


Figure 7: Reason for Admission

NEONATAL MORBIDITIES

Table 11: Neonatal Morbidities during Hospital course

NEONATAL MORBIDITIES	No. of cases	Percentage
Respiratory Distress Syndrome	442	65%
Neonatal Hyperbilirubinemia	321	47.2%
Sepsis	188	27.6 %
Birth Asphyxia requiring bag and mask ventilation	156	22.9%
Shock	99	14.6%
Feed Intolerance	87	12.8 %
Apnea of prematurity	62	9.1%
Necrotising Enterocolitis	47	6.9%

Table 11 shows that out of 680 enrolled neonates, 442 (65 %) had Respiratory Distress Syndrome,321 (47.2%) neonates had neonatal hyperbilirubinemia,188 (27.6 %) had sepsis, 156 (22.9%) received bag and mask ventilation, 99(14.6%) neonates had shock ,87 (12.8 %) had Feed Intolerance , 62 (9.1 %) cases had Apnea of prematurity, 47 (6.9 %) had Nectrotizing Enterocolitis.

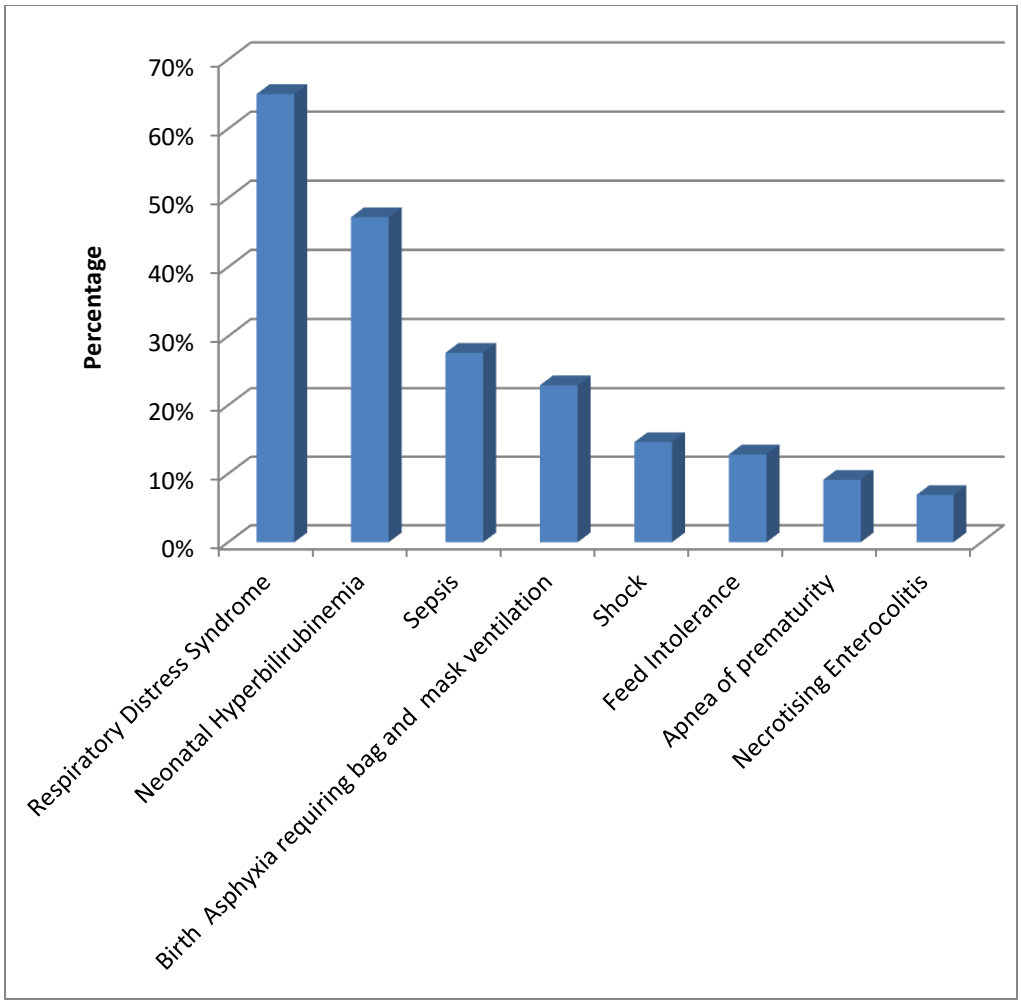


Figure 8: Neonatal Morbidities during Hospital course

Table 12: Interventions done during hospital course

INTERVENTIONS		
Antibiotics	345	50.7%
Phototherapy	321	47.2%
CPAP	310	45.6%
Mechanical Ventilatior Support	129	19%
Surfactant	120	17.6%
Inotropes	99	14.6%
Exchange Transfusion	6	0.9%

Table 12 shows that among 680 total enrolled neonates, 345 (50.7%) neonates received antibiotics,321(47.2%) neonates received phototherapy, 310 (45.6%) neonates required CPAP, 129 (19%) neonates required mechanical ventilator support , 120 (17.6%) neonates required surfactant, 99 (14.6%) neonates required inotropes, 6 (0.9%) cases required exchange transfusion.

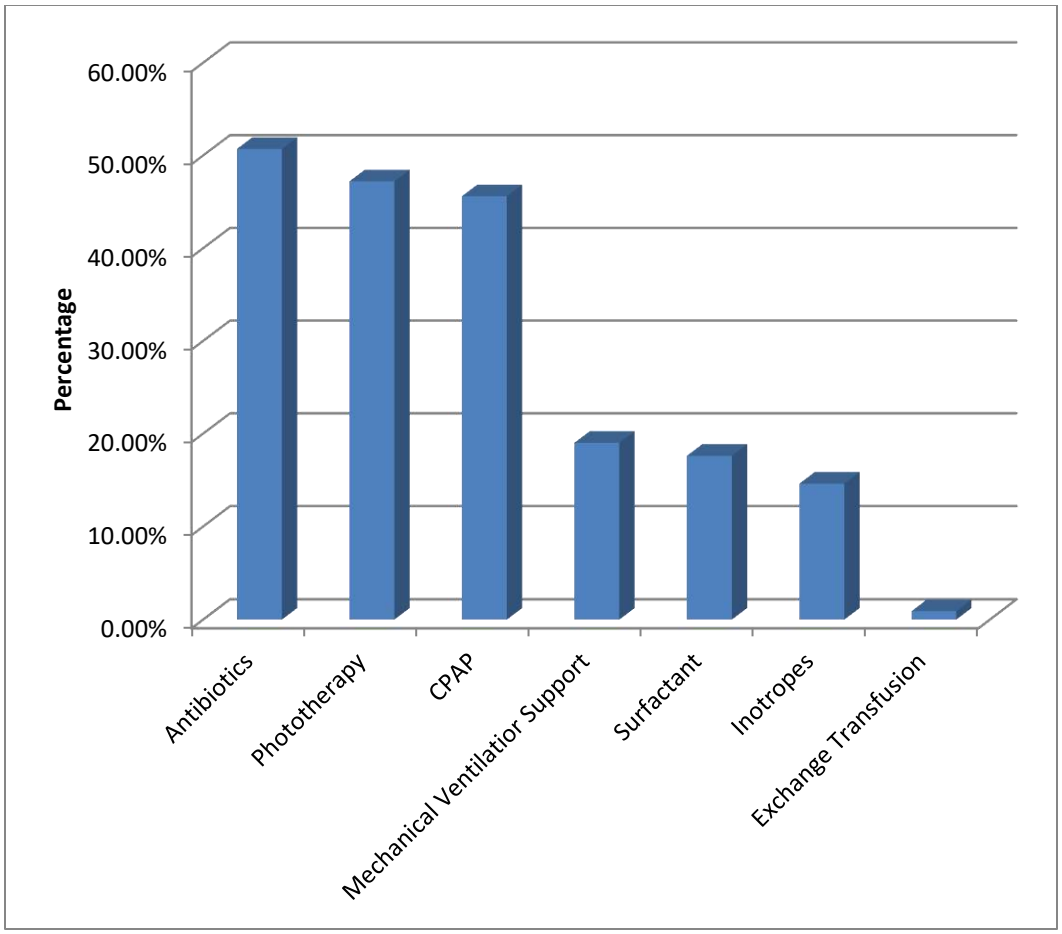


Figure 9: Interventions done during hospital course

Table 13: Sepsis

Sepsis	No. of cases	Percentage
Yes	188	27.6 %
No	492	72.4 %
Total	680	100 %

Table 13 shows that Out of 680 enrolled neonates, 188 (27.6 %) had sepsis and 492 (72.4 %) had no sepsis.

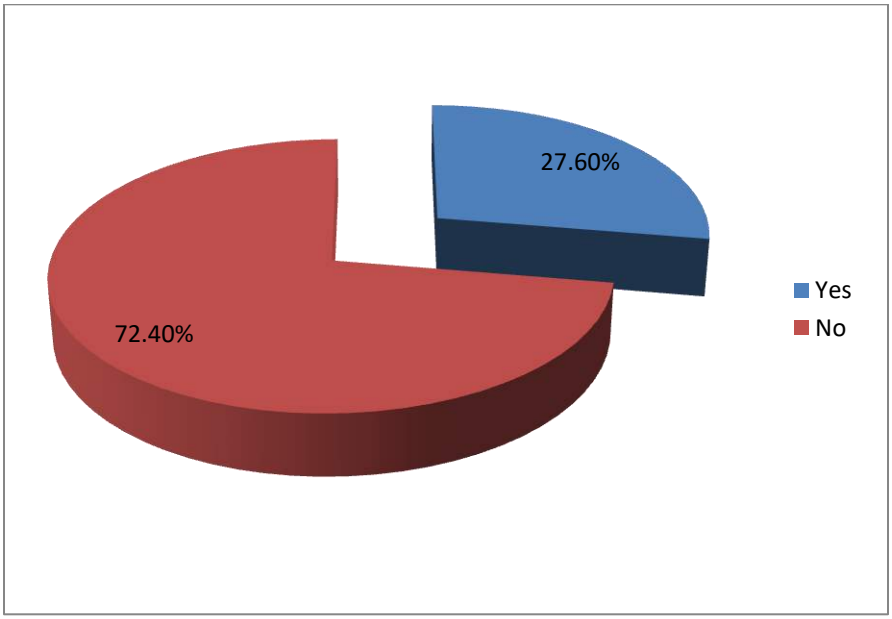


Figure 10: Sepsis

Table14: Early and Late onset Sepsis

Sepsis	No. of cases	Percentage
Early Onset Sepsis	151	80.4%
Late Onset Sepsis	37	19.6%
Total cases of sepsis	188	100%

Table 14 shows that out of total 188 neonates with sepsis, Early onset sepsis was seen in 151 (80.4%) cases and Late onset Sepsis in 37 (19.6%) cases.

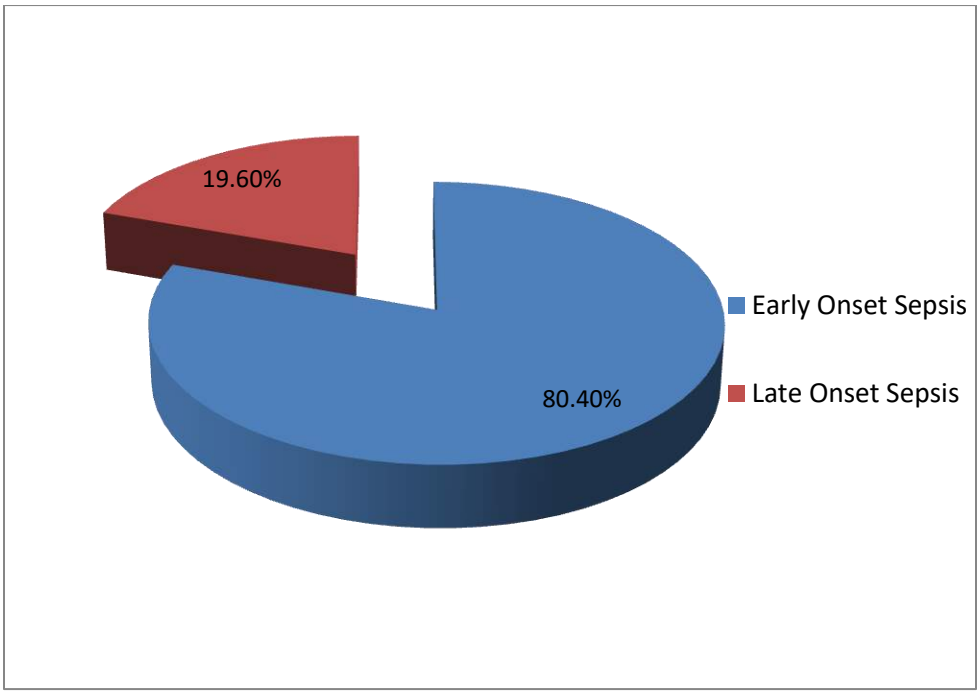


Figure 11: Early and Late onset Sepsis

Table 15: Maternal Variables

MATERNAL VARIABLES	No. Of Cases	Percentage
Multiple Gestation	111	16.3 %
IVF Conception	76	11.2 %
Antepartum Haemorrhage	56	8.2 %
Maternal Infections	43	6.3%
Hypothyroidism	41	6 %
Pre-eclampsia	40	5.9%
Maternal Diabetes	35	5.1%
Polyhydramnios	35	5.1%
Oligohydramnios	28	4.1%
Chronic Kidney Disease	15	2.2%
Intrauterine growth Retardation	14	2.1%
Chronic Hypertension	13	1.9%
Eclampsia	12	1.8 %

Table 15 shows that out of 680 enrolled neonates , 111 (16.3%) mothers had multiple gestation, 76(11.2%) had IVF conception, 56(8.2%) mothers had antepartum haemorrhage, 43 (6.3%) mothers had infection, 41(6%) had hypothyroidism, 40 (5.9%) had pre-eclampsia , 35(5.1%) mothers had diabetes, 35(5.1%) mothers had polyhydramnios, 28(4.1%) mothers had oligohydramnios, 15(2.2%) mothers had some chronic kidney disease, 14(2.1%) had intrauterine growth retardation, 13(1.9%) mothers had chronic hypertension , 12 (1.8%) mothers had eclampsia.

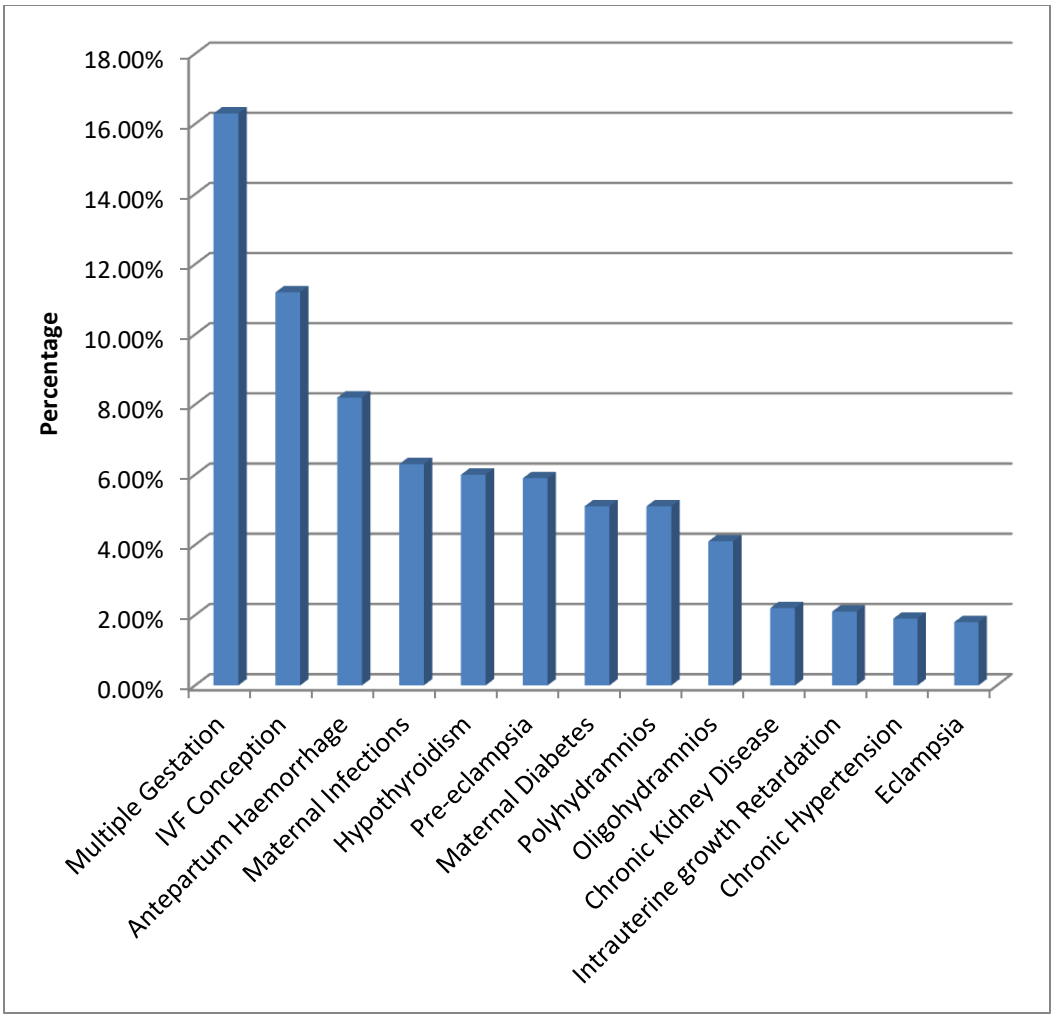


Figure 12: Maternal Variables

Table16: Outcome

Outcome	No .Of Cases	Percentage
Discharge	593	87.2 %
Adverse Outcome	87	12.8 %
Total	680	100.0%

Table 16 shows the outcome of total 680 enrolled cases, 593 (87.2) cases were Discharged, and adverse outcome(Discharge Against Medical Advise (10.4%) and deaths(2.3%) was seen in 87(12.8%) of neonates

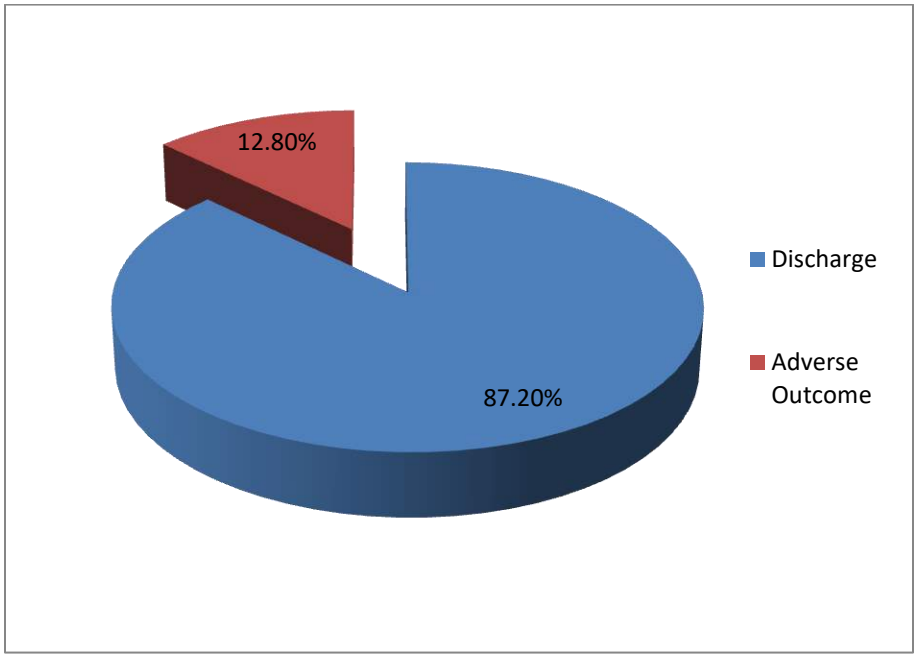


Figure 13: Outcome

Table 17: Incidence of AKI

AKI	No. of cases	Percentage
No	614	90.3%
Yes	66	9.7 %
Total	680	100.0%

Table 17 shows the incidence of AKI out of total 680 enrolled neonates, 66 (9.7 %) Cases had AKI.

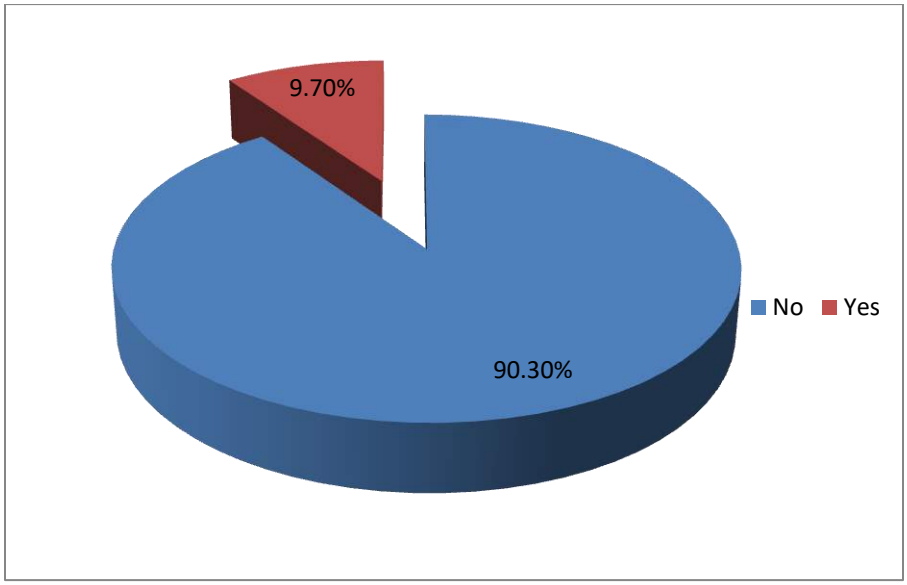


Figure 14: Incidence of AKI

Table 18: Stage of Acute Kidney Injury

Stage of Kidney Injury	No. of cases	Percentage
1	44	66.7%
2	12	18.2%
3	10	15.2%
Total	66	100.0%

Table 18 shows the stages of 66 AKI cases, 44(66.7%) had stage 1, 12(18.2%) had stage 2, 10(15.2%) had stage 3 AKI as per modified KDIGO criteria.

Stage 1> stage 2 > Stage 3

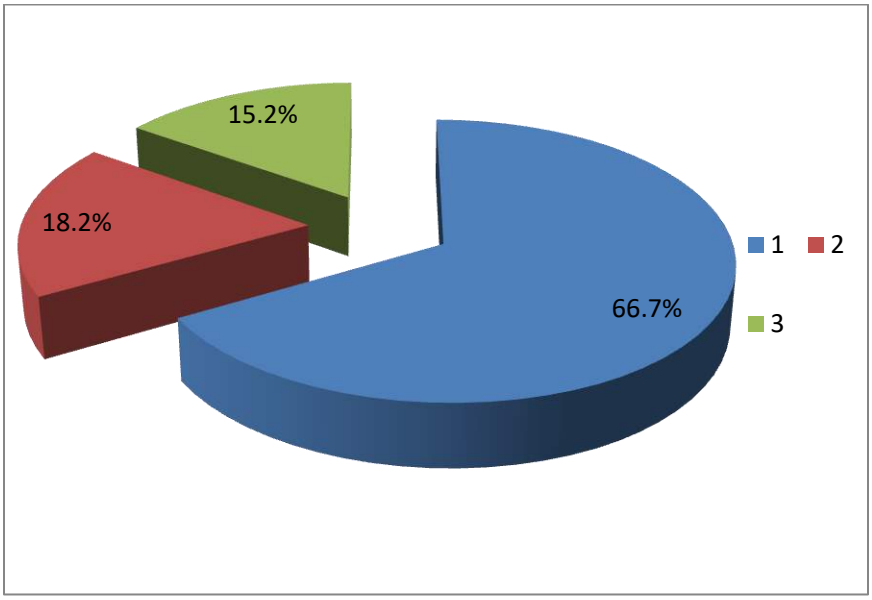


Figure 15: Stage of Acute Kidney Injury

Table 19: Day of Onset of AKI

Day of Onset of AKI	No. of cases	Percentage
1	1	1.5%
3	17	25.8%
4	20	30.3%
5	10	15.2%
6	2	3.0%
7	6	9.1%
8	1	1.5%
9	1	1.5%
10	2	3.0%
11	1	1.5%
14	3	4.5%
22	1	1.5%
27	1	1.5%
Total	66	100.0%

Table 19 shows the day of onset of AKI. Out of 66 AKI cases, 20 cases (30.3 %) onset of AKI was on day 4, 17 cases (25.8 %) onset was on day 3, 10 cases (15.2 %) onset was on day 5.Maximum cases 20 (30.3%) had onset on day 4.

Table 20: Median day of onset of AKI

	N	Lower Limit	Upper limit	Median	Std. Deviation	IQR (interquartile range)
Day of Onset Of AKI	66	3	6	4	4.3	3-6

Table 20 shows that Median onset of AKI was day 4 with interquartile range of (3-6)

Table 21: Early and Late Onset AKI

	Onset of AKI				Total
	EARLY ONSET < /=7days	LATE ONSET > 7 days			
Total	56	84.8%	10	15.2 %	66

Table 21 shows that out of total (66) AKI cases, there were 56 (84.8%) cases of Early onset AKI (</= 7 days) and 10 (15.2%) cases of late onset AKI (>7 days)

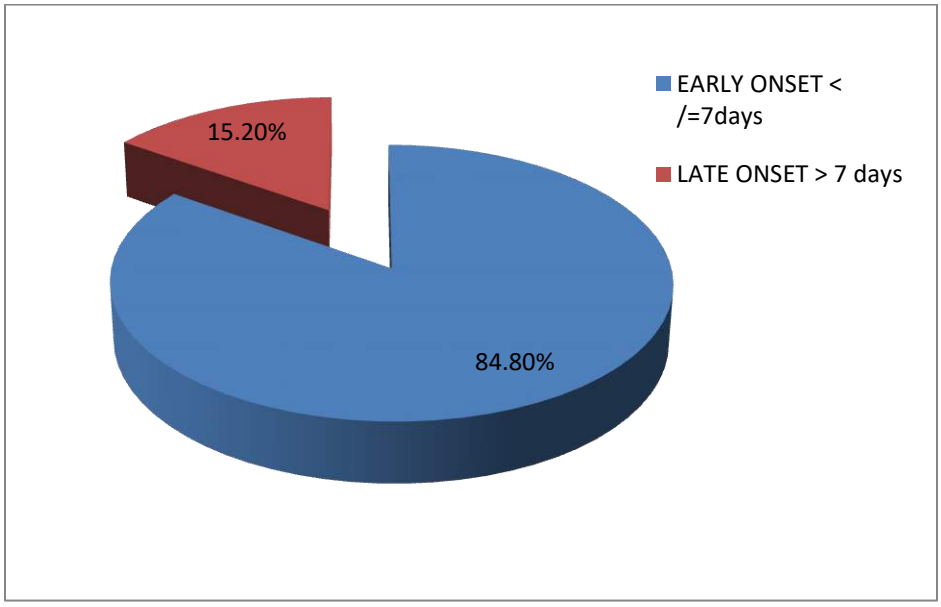


Figure 16: Early and Late Onset AKI

Table 22: Complications of AKI

AKI COMPLICATIONS	No. of cases	Percentage
Metabolic Acidosis	42	63.6%
Hyperkalemia	21	31.8%
Anemia	15	22.7%
Volume Overload	10	15.2%
Hyponatremia	9	13.6 %
Pulmonary Edema	8	12.1%
GI Bleed	5	7.6%
Hypertension	1	1.5%

Table 22 shows that Out of 66 cases of AKI, 42 (63.6%) had Acidosis, 21 (31.8%) had Hyperkalemia, 15 (22.7%) had Anemia, 10 (15.2%) had Volume Overload, 9 (13.6%) had Hyponatremia, 8 (12.1%) had Pulmonary Edema , 5 (7.6%) had GI Bleed , 1 (1.5 %) had Hypertension

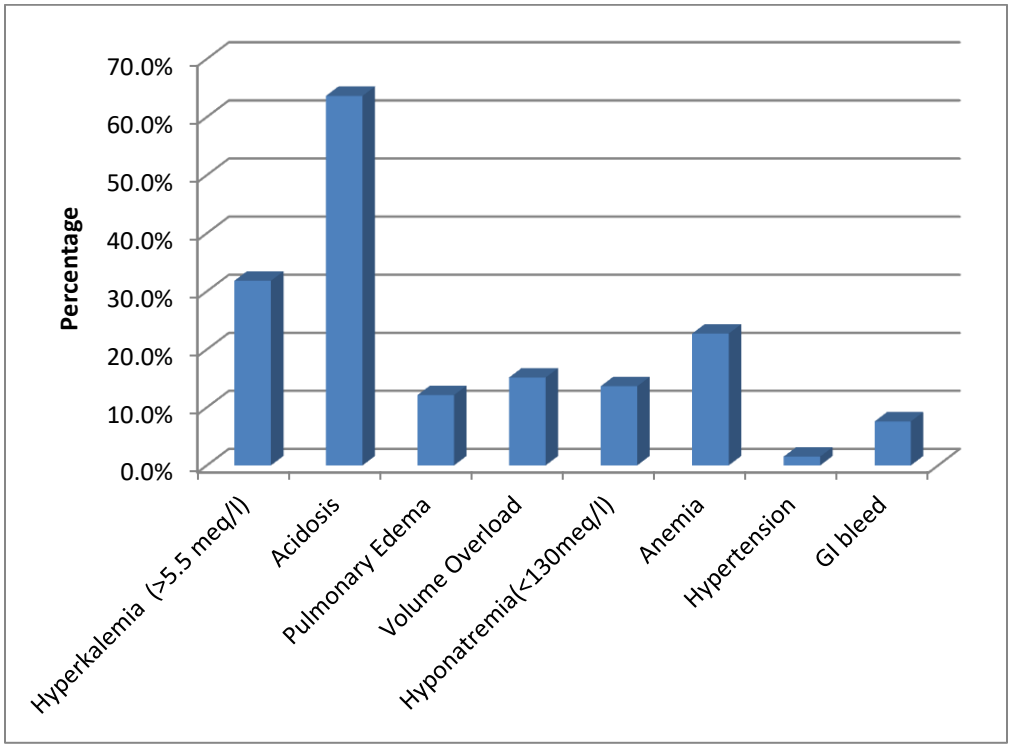


Figure 17: Complications of AKI

Table 23: Probable Cause of AKI

Probable Cause of AKI	No. of cases	Percentage
Sepsis	32	48.5%
Perinatal Asphyxia	15	22.7%
Hypernatremic Dehydration	12	18.2%
Nephrotoxic drugs	7	10.6%
Total	66	100%

Table 23 shows that Out of 66 AKI cases, Most probable case of AKI was Sepsis in 32 (28.8%) cases, Perinatal Asphyxia in 15 (22.7%) cases, Hypernatremic dehydration in 12 (18.2%) cases, Nephrotoxic drugs in 7 (10.6 %) cases.

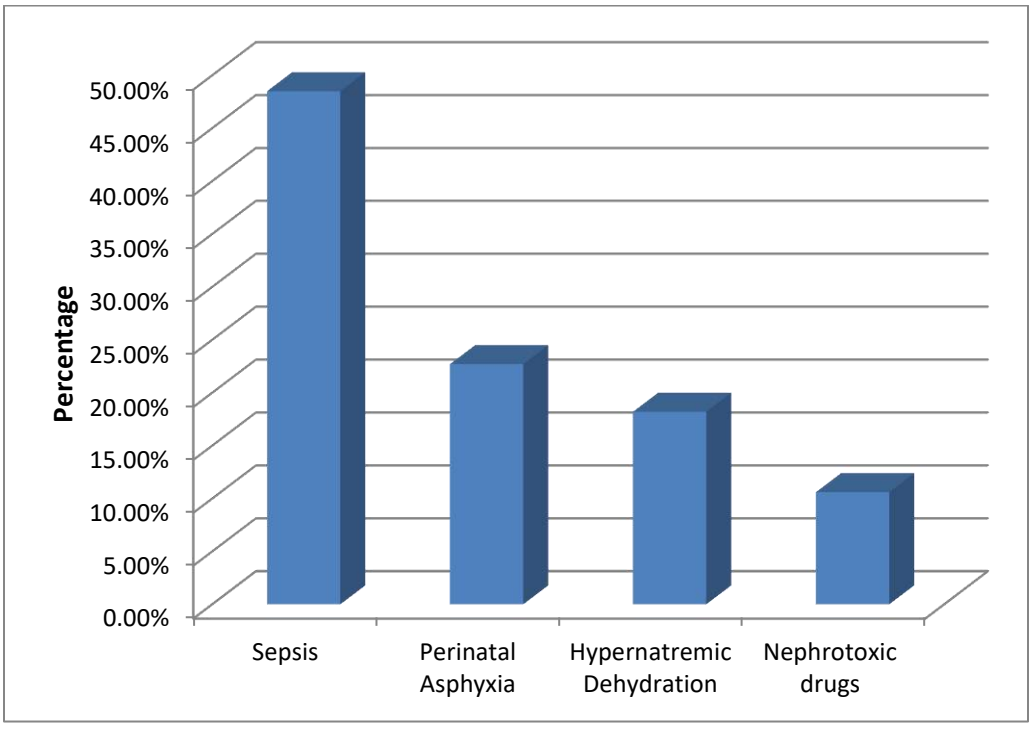


Figure 18: Probable Cause of AKI

Table 24: AKI resolved: Yes/No

AKI Resolved	No. of cases	Percentage
No	12	29.2%
Yes	29	70.8%
Total	41	100.0%

Table 27 shows that AKI got resolved in 70.8% cases till discharge and 29.2% cases had persistence of AKI till discharge.

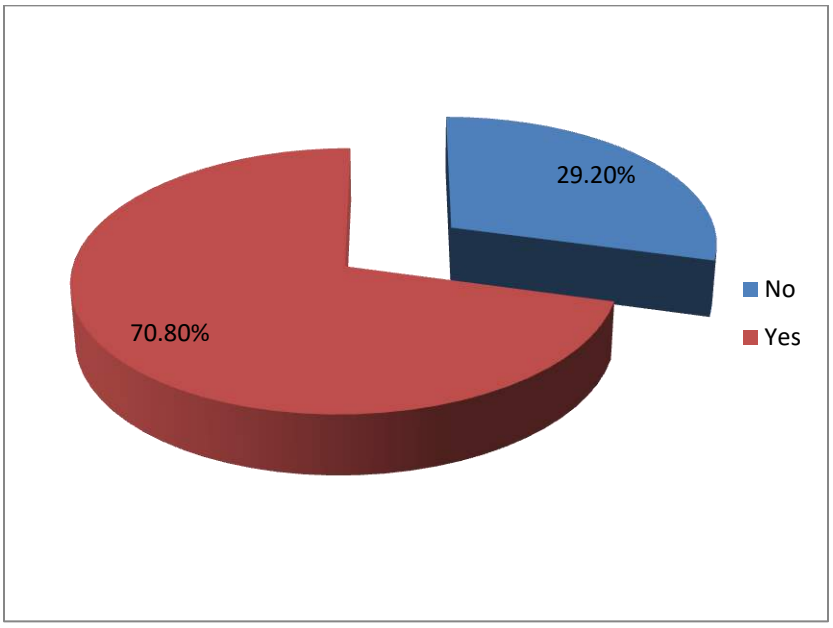


Figure19: AKI resolved: Yes/No

Table25: Need of Renal Replacement Therapy

Need of Renal Replacement Therapy	No. of cases	Percentage
No	64	97.0%
Yes	2	3.0%
Total	66	100.0%

Table 28 shows that out of total 66 AKI Cases, in 2 (3%) cases Renal Replacement Therapy was done.

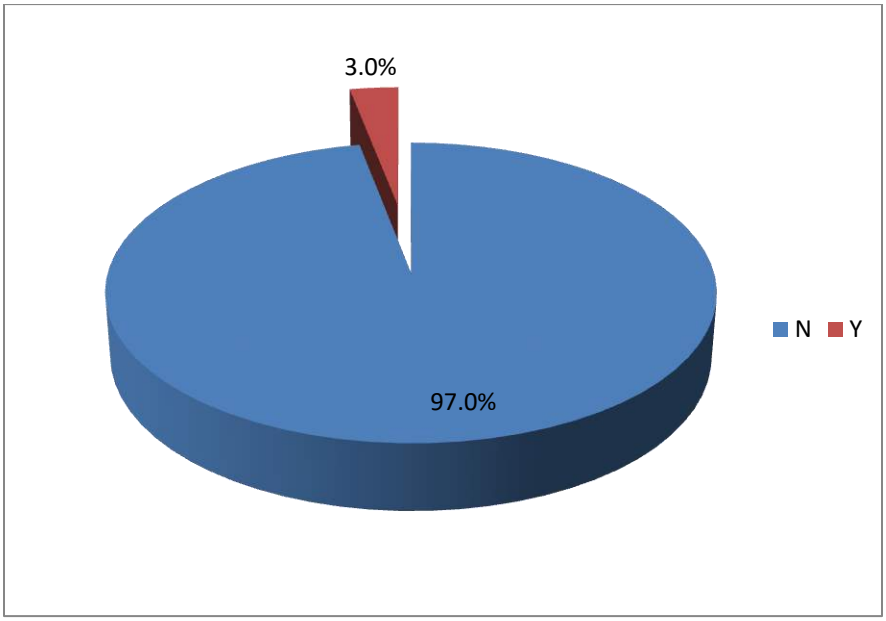


Figure 20: Need of Renal Replacement Therapy

COMPARISON OF STAGE OF AKI

Table 26: Comparison of Gestational Age group in stages of AKI

		Stage of Acute Kidney Injury						Total	Chi-square value	p-value
		1		2		3				
Gestational age (weeks)	22-29	6	13.6%	2	16.7%	1	10.0%	9	1.318	0.858
	30-36	15	34.1%	3	25.0%	2	20.0%	20		
	>/=37	23	52.3%	7	58.3%	7	70.0%	37		

Table 29 shows that out of 9 neonates in gestational age group of 22-29 weeks , maximum (16.7 %) had stage 2 AKI , in 30 – 36 weeks maximum (34.1%) had stage 1 AKI and in >/= 37 weeks maximum (70 %) had stage 3 AKI .

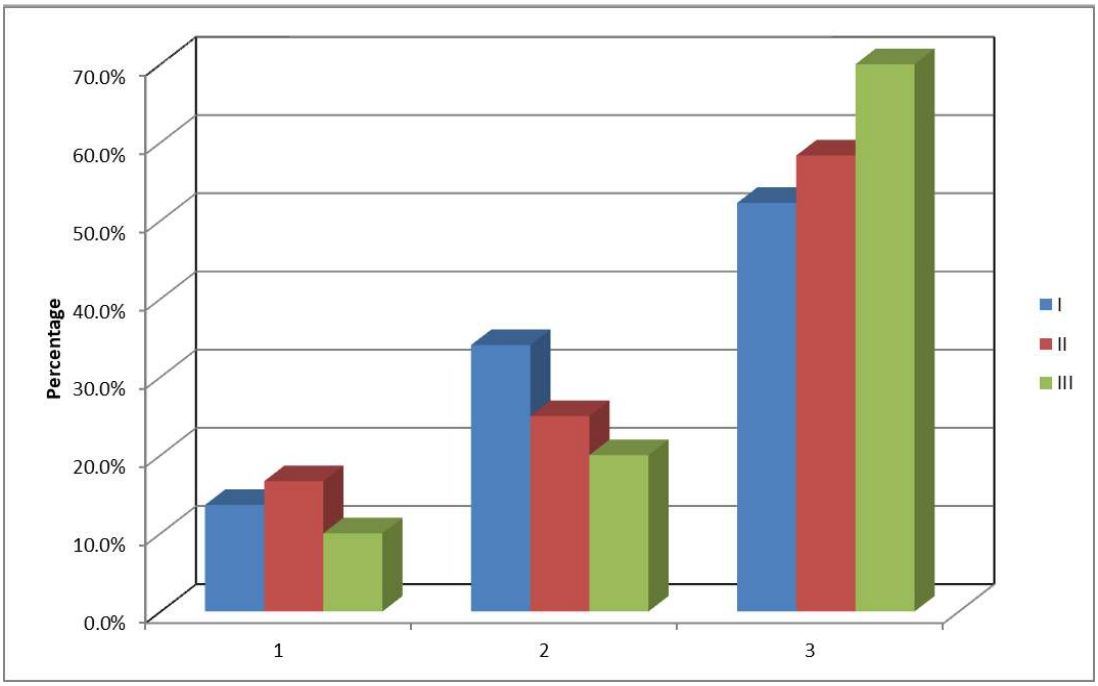


Figure 21: Comparison of Gestational Age group in stages of AKI

Table 27: Comparison of birth weight in stages of AKI

		Stage of Acute Kidney Injury						Total	Chi-square value	p-value
		1		2		3				
Birth weight (grams)	< 1000	7	15.9%	2	16.7%	1	10.0%	10	0.248	0.884
	1001-1500	5	11.4%	0	0.0%	1	10.0%	6	1.485	0.476
	1501-2500	19	43.2%	7	58.3%	5	50.0%	31	0.912	0.634
	> 2501	13	29.5%	3	25.0%	3	30.0%	19	0.103	0.950

Table30 shows that out of total (10) neonates with AKI with birth weight <1000gm , maximum (16.7%) developed stage 2 AKI , total (6) neonates with AKI with birth weight 1001-1500 gm , maximum (11.4%) developed stage 1 AKI, out of total(31) neonates with AKI with birth weight 1501-2500 gm , maximum (58.3%) developed stage 2 AKI and out of total(19) neonates with AKI with birth weight >2501 gm , maximum (30 %) developed stage 3 AKI .

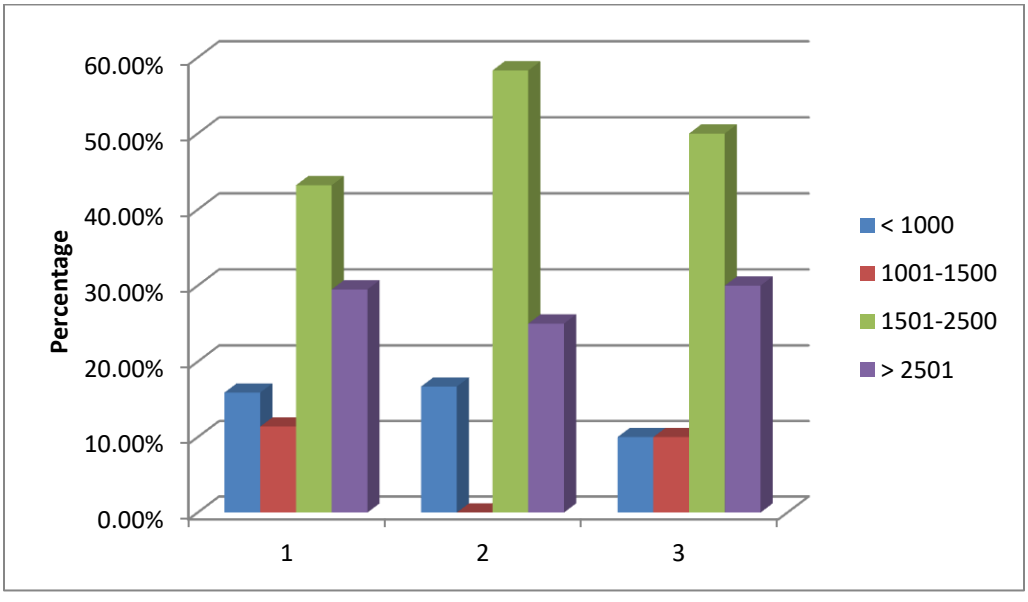


Figure 22: Comparison of birth weight in stages of AKI

Table 28: Comparison of outcome Of Stage of AKI

		Stage of acute kidney injury						Total	Chi Square Value	P value
Outcome		1		2		3				
	Discharge	28	63.6%	6	50%	7	70%	41	3.799	0.704
	Adverse outcome	16	36.3%	6	50%	3	30.0%	25		
Total		44	100.0%	12	100.0%	10	100.0%	66		

Table 31 shows that stage 1 AKI had better outcome with survival rate of 63.6% (28/44) as compared to 59.1 %(13/22) in Stage2-3 AKI .

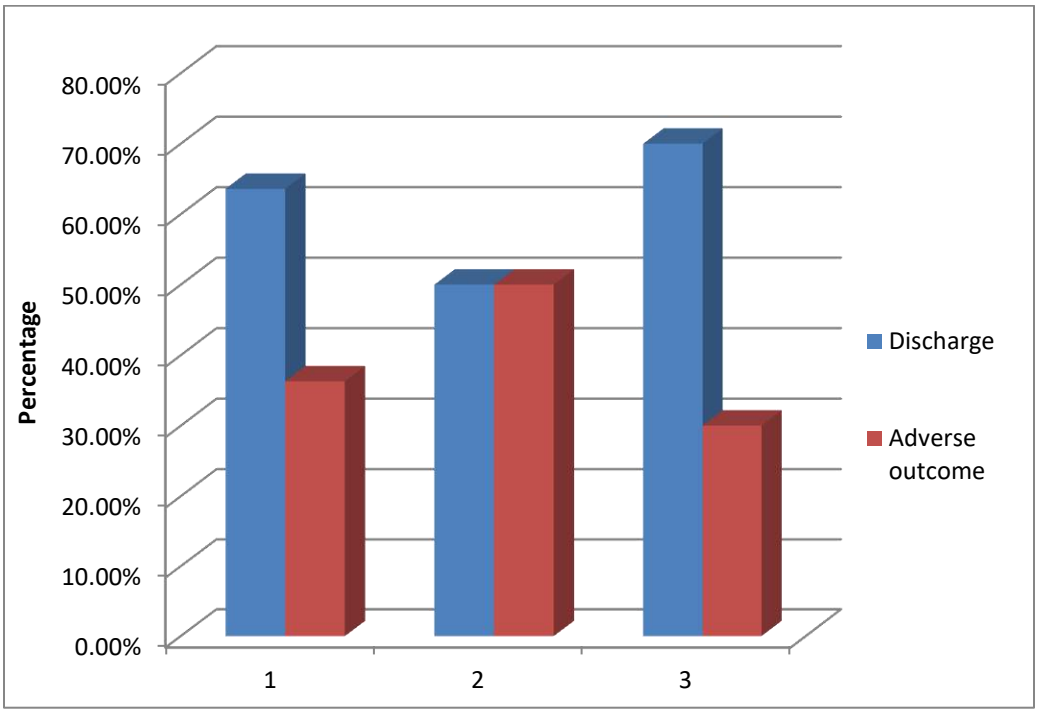


Figure 23: Comparison of outcome Of Stage of AKI

Table 29: Duration of Hospital Stay with Stage of AKI

	Stage of Acute Kidney Injury							
	1		2		3		F	p-value
	Mean	SD	Mean	SD	Mean	SD		
Duration of hospital stay (days)	16.36	15.42	14.08	17.05	16.80	22.05	0.100	0.905

Table 32 shows that mean duration of hospital stay in stage 1 AKI was 16.36 +/- 15.42 days, in stage 2 AKI it was 14.08 +/- 17.05 days and in stage 3 AKI it was 16.8 +/- 22.05 days. p value 0.905. (Not significant)

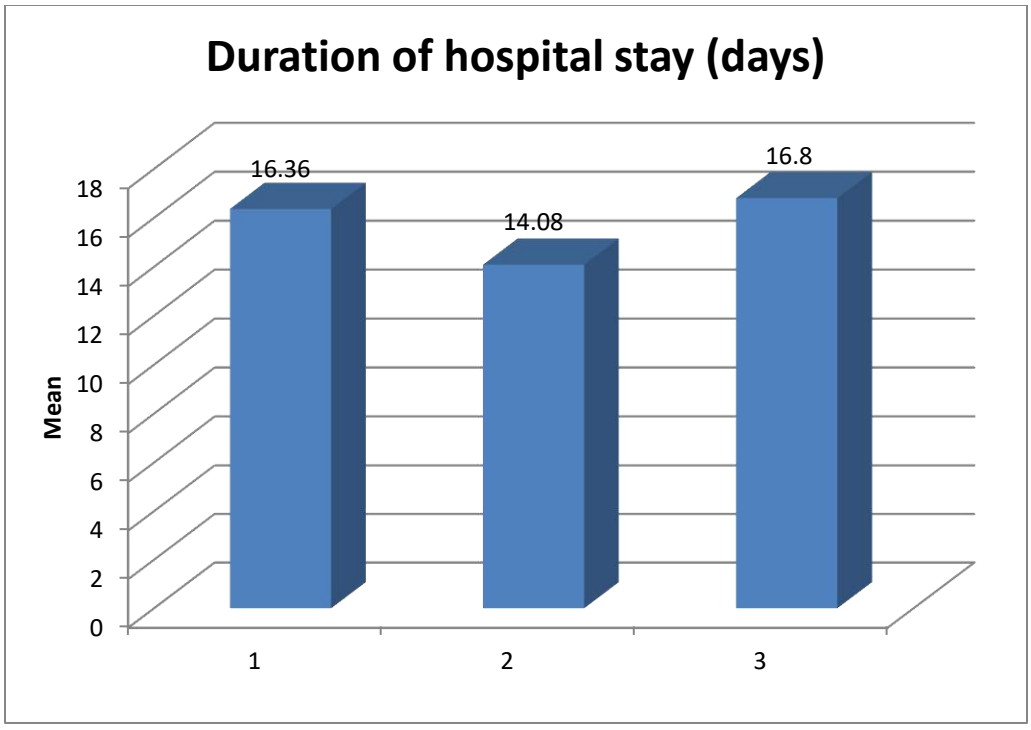


Figure 24: Duration of Hospital Stay with Stage of AKI

COMPARISON OF DEMOGRAPHIC DETAILS OF AKI AND NON AKI CASES

Table 30: Gender Distribution

		AKI				Total	Chi-square value	p-value
		No		YES				
	TOTAL	614		66		680		
Gender	FEMALE	220	35.8%	24	36.4%	244	0.007	0.932
	MALE	394	64.2%	42	63.6%	436		

Table 33 shows that out of 66 AKI cases, 24 (36.4%) were females and 42 (63.6%) were males .Out of 244 females, 24 (9.8 %) had AKI and out of 436 males, 42 (9.6 %) had AKI .P value is 0.932 (not significant)

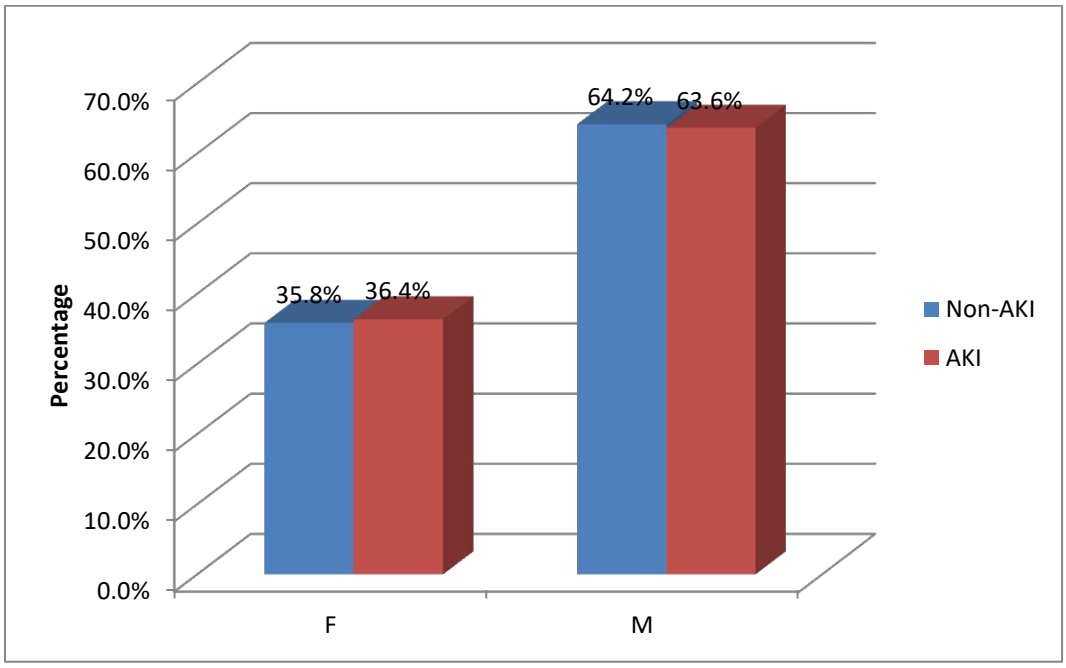


Figure 25: Gender Distribution

Table 31: Mode Of delivery

		AKI				Total	Chi-square value	p-value
		NO		YES				
Mode of delivery	FORCEPS	16	2.6%	9	13.6%	25	35.025	0.000
	LSCS	467	76.1%	31	47.0%	498		
	NVD	131	21.3%	26	39.4%	157		
	TOTAL	614		66		680		

Table 34 shows that out of total (25) neonates born by forceps assited deliveries, 9(13.6%) were in the AKI group and 16(2.6%) were in the NON AKI group. P value is 0.000 (significant)

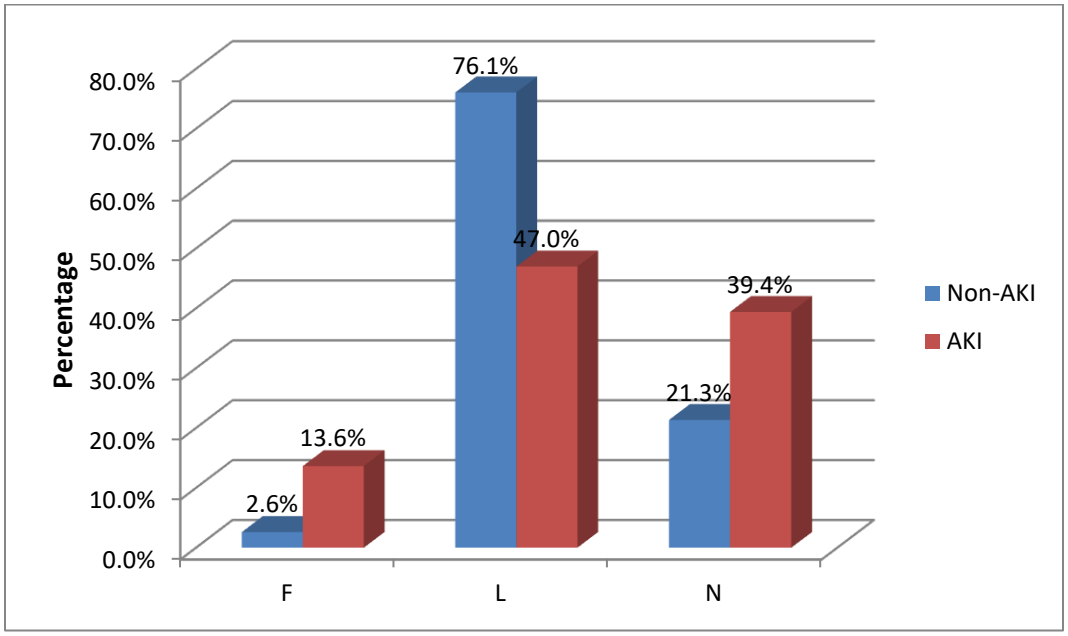


Figure26: Mode Of delivery

Table32: Site of Delivery

		AKI				Total	Chi-square value	p-value
		NO		YES				
Site of delivery	INBORN	447	72.8%	31	47.0%	478	19.043	0.000
	OUTBORN	167	27.2%	35	53.0%	202		
		614		66		680		

Table 35 shows that out of total (202) outborn neonates, 35(53%) were in the AKI group and 167(27.2%) were in the NON AKI group .P value is 0.000(significant)

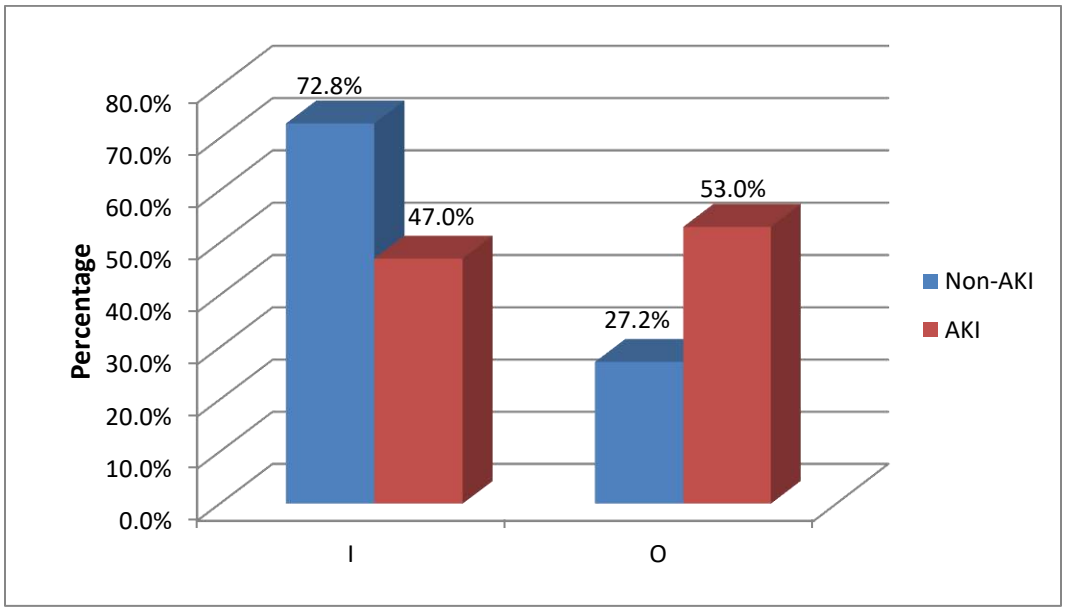


Figure 27: Site of Delivery

Table 33: Gestational Age in weeks

Gestational age (weeks)	NO AKI		YES AKI		TOTAL	Chi-square value	p-value
22-29	38	80.80%	9	19.20%	47	24.008	0.000
30-36	376	95%	20	5%	396		
>/= 37	200	84.30%	37	15.60%	237		
TOTAL	614		66		680		

Table 36 shows that the incidence of AKI varied by gestational age group, occurring in 9 (19.1%) of 47 neonates born 22-29 weeks, 20 (5%) 396 neonates born at 29-36 weeks ,and 37 (15.6%) of 237 neonates born at> 36 weeks. P value of <0.001 (significant)

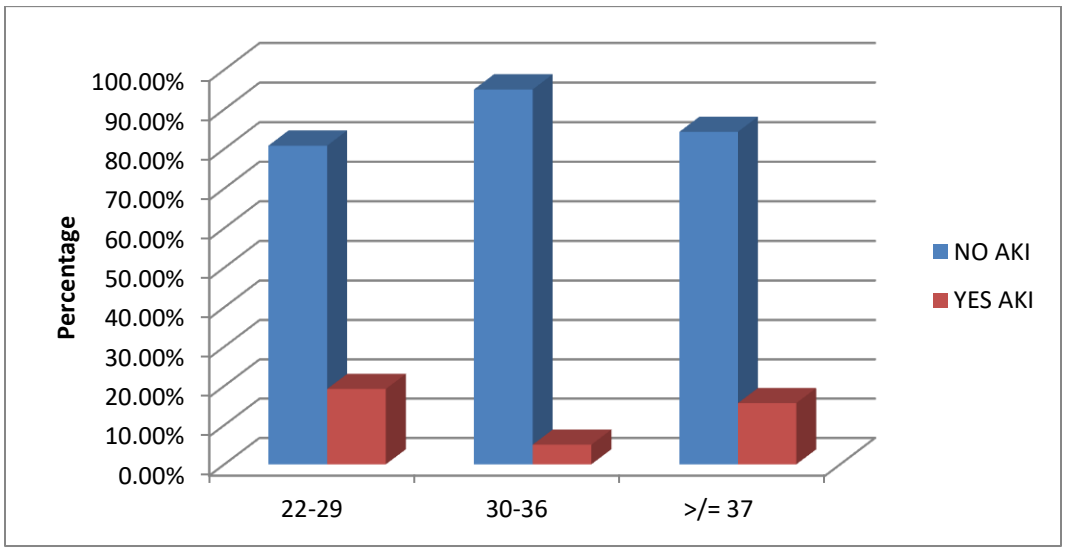


Figure 28: Gestational Age in weeks

Table 34: Growth Status

		AKI				Total	Chi-square value	p-value
		NO		YES				
Growth status	AGA	482	78.5%	51	77.3%	533	2.490	0.288
	LGA	18	2.9%	0	0.0%	18		
	SGA	114	18.6%	15	22.7%	129		
		614		66		680		

Table 37 shows that out of 66 cases of AKI, 51 (77.3 %) were Appropriate for gestational age and none was large for gestational age. As compared to NON AKI cases, where out of 614 cases 482 (78.5 %).P value(0.2888) is not significant.

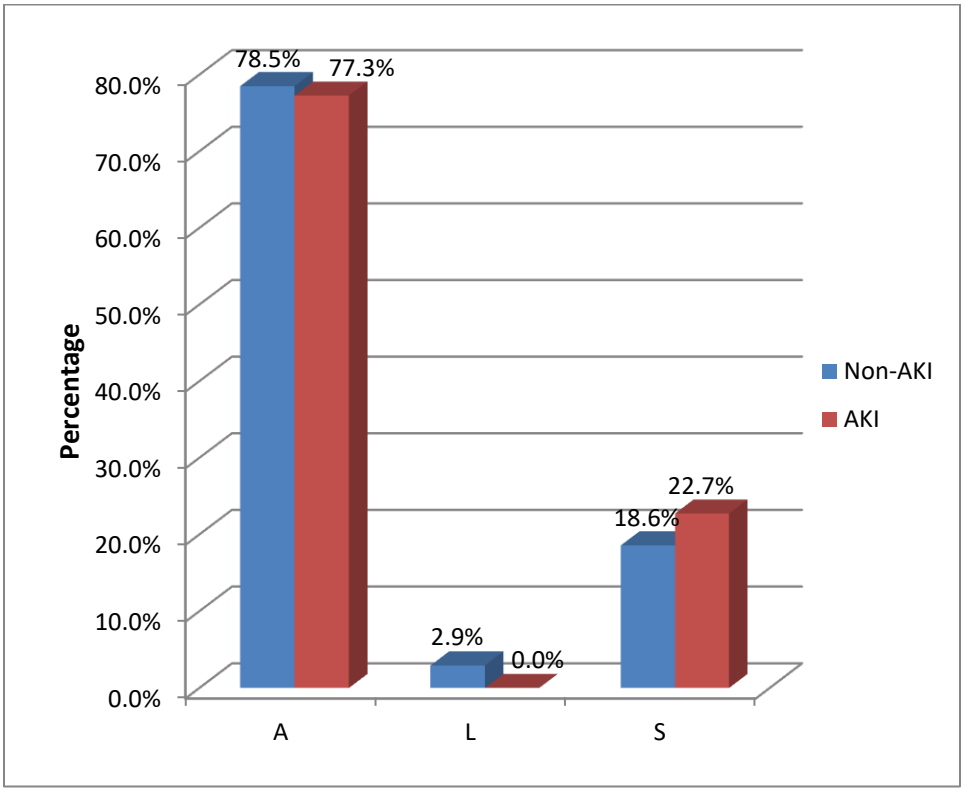


Figure 29: Growth Status

Table 35: Birth Weight in grams

Birth Weight (grams)	No AKI		YES AKI		TOTAL	Chi-square value	p-value
<1000	32	76.20%	10	23.80%	42	10.16	0.004
1001-1500	117	95.20%	6	4.80%	123	3.994	0.046
1501-2500	270	89.80%	31	10.20%	301	0.217	0.642
>2501	195	91.20%	19	8.80%	214	0.244	0.621
Total	614		66				

Table 38 shows that Incidence of AKI varied by birth weight (grams), occurring in 10 (23.8%) of 42 neonates with birth weight <1000gm, in 6(4.8%) of 123 neonates with 1001-1500 gm, in 31 (10.2%) of 301 neonates with 1501-2500 gm weight and 19 (8.8%) of 214 neonates with birth weight >2501 gm.

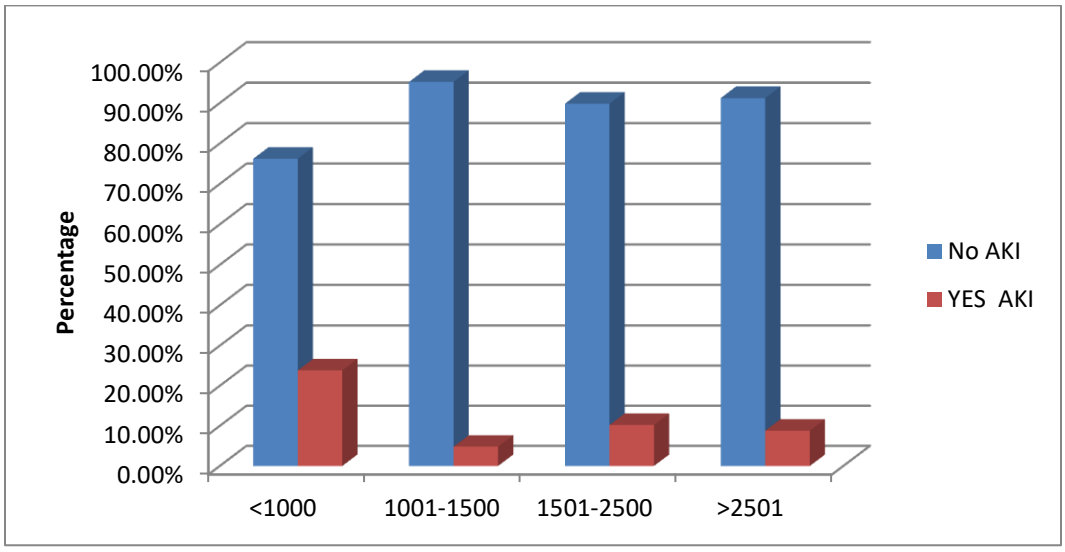


Figure 30: Birth Weight in grams

Table 36: Duration of hospital stay: AKI vs. NON AKI

	NO		YES		t	p-value	95% Confidence Interval of the Difference	
	Mean	SD	Mean	SD			Lower	Upper
Duration of hospital stay (days)	10.15	9.33	16.02	16.58	-4.420	0.000	-8.47	-3.26

Table 39 shows that mean duration of hospital stay of NON AKI cases was 10.15 +/- 9.33 days as compared to AKI cases it was 16 +/- 16.5 days

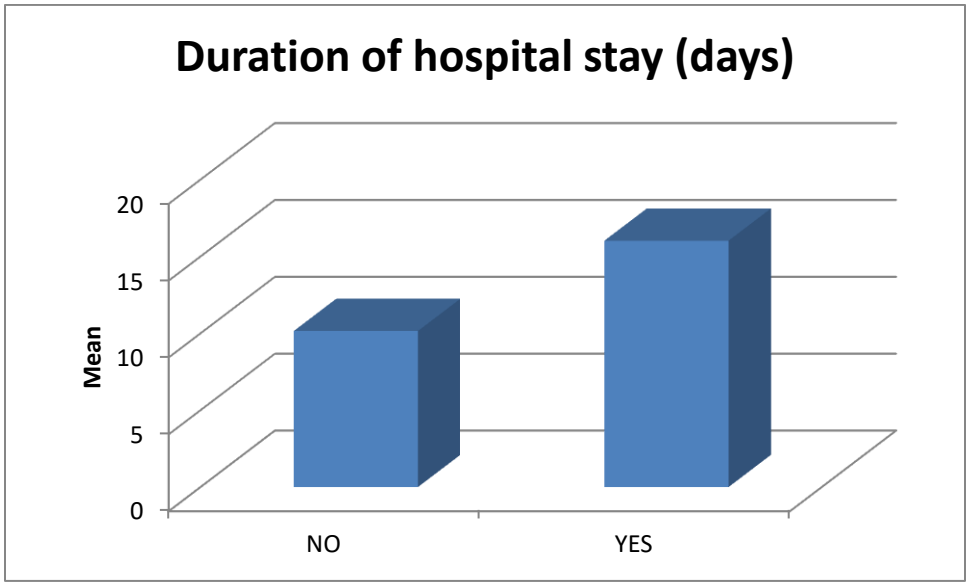


Figure31: Duration of hospital stay: AKI vs. NON AKI

COMPARISON OF REASONS OF ADMISSION BETWEEN AKI AND NON AKI CASES

Table 37: Prematurity (<35 weeks)

		AKI				Total	Chi-square value	p-value
		NO		YES				
Prematurity < 35 weeks	NO	338	55.0%	43	65.2%	381	2.469	0.116
	YES	276	45.0%	23	34.8 %	299		
	TOTAL	614		66		680		

Table 40 shows that out of total (299) neonates admitted with prematurity (<35 weeks) , 23(34.8%) were in the AKI group and 276(45%) were in the NON AKI group . P value 0.116 (not significant)

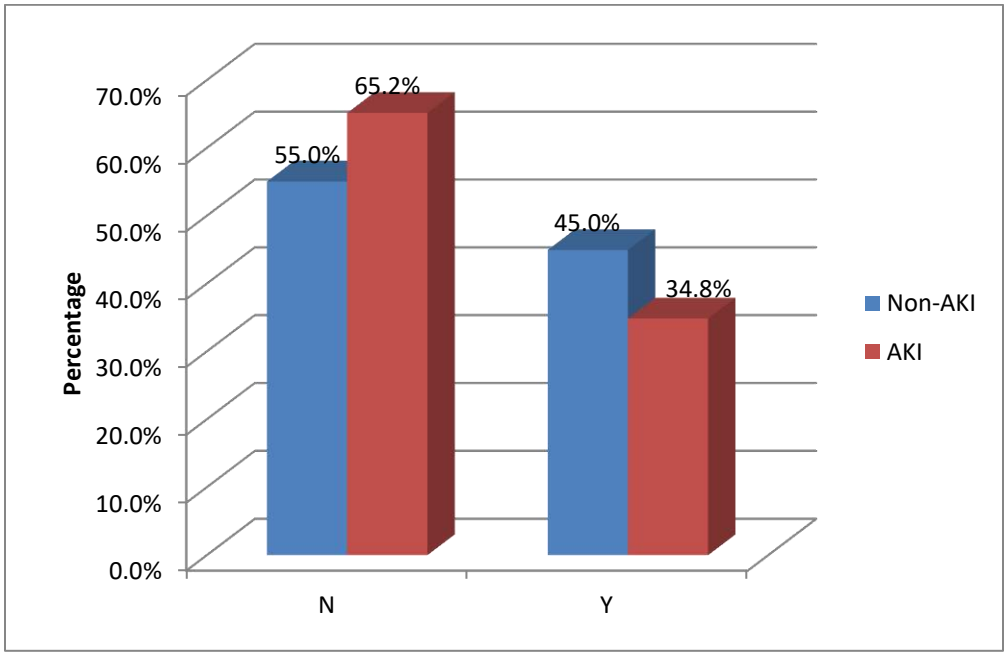


Figure32: Prematurity (<35 weeks)

Table38: Respiratory Distress

		AKI				Total	Chi-square value	p-value
		NO		YES				
Respiratory Distress	NO	127	20.7%	35	53.0%	162	34.358	0.000
	YES	487	79.3%	31	47.0%	518		
	TOTAL	614		66		680		

Table 41 shows that out of total(518) neonates admitted with respiratory distress , 31(47%) were in the AKI group and 487(79.3%) were in the NON AKI group. P value is 0.000 (significant)

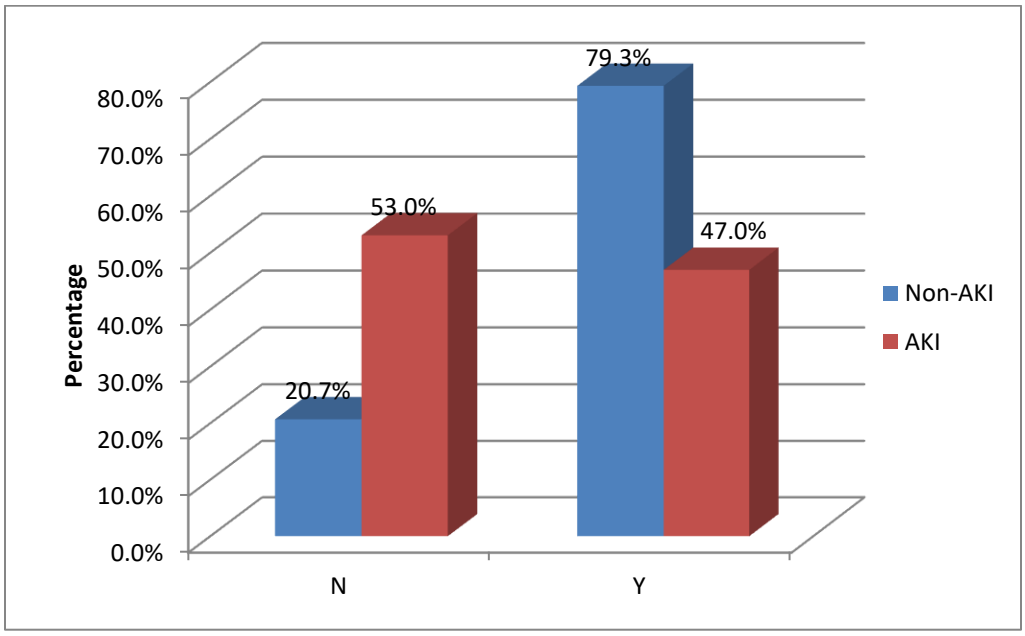


Figure33: Respiratory Distress

Table 39: Sepsis

		AKI				Total	Chi-square value	p-value
		N		Y				
Sepsis	N	573	93.3%	55	83.3%	628	8.420	0.004
	Y	41	6.7%	11	16.7%	52		

Table 42 shows that out of total (52) neonates admitted with sepsis, 11 (16.7%) were in the AKI group and 41(6.7%) were in the NON AKI group .P value of 0.004 (significant)

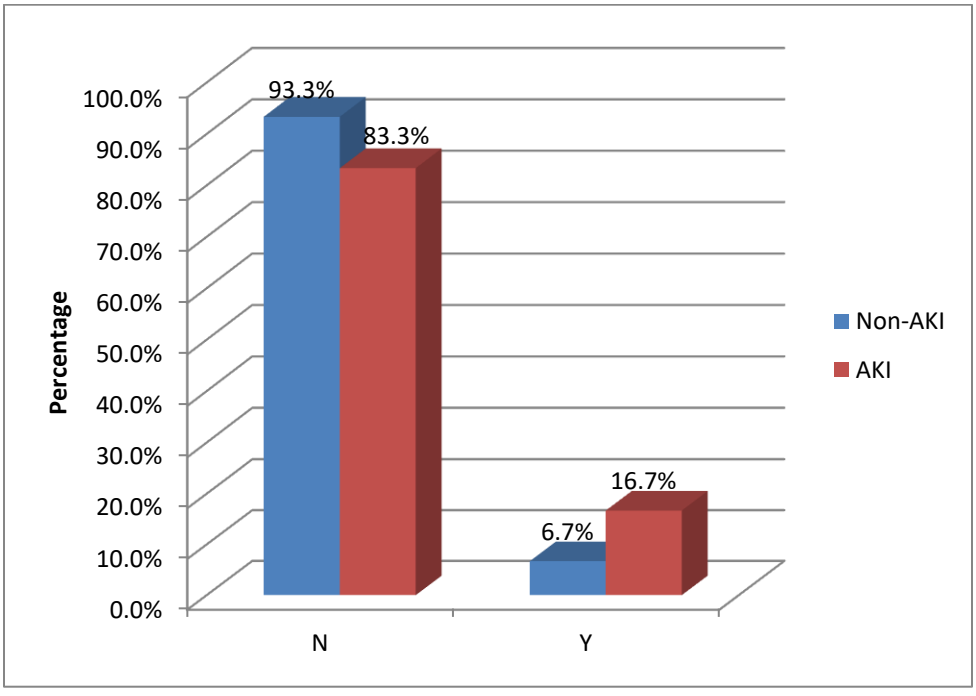


Figure 34: Sepsis

Table 40: Perinatal Asphyxia

		AKI				Total	Chi-square value	p-value
		NO		YES				
Perinatal Asphyxia	NO	547	89.1%	41	62.1%	588	37.044	0.000
	YES	67	10.9%	25	37.9%	92		
	TOTAL	614		66		680		

Table 43 shows that out of total (92) neonates admitted with perinatal asphyxia, 25(37.9%) were in the AKI group and 67 (10.9%) were in the NON AKI group. P value of 0.000 (significant)

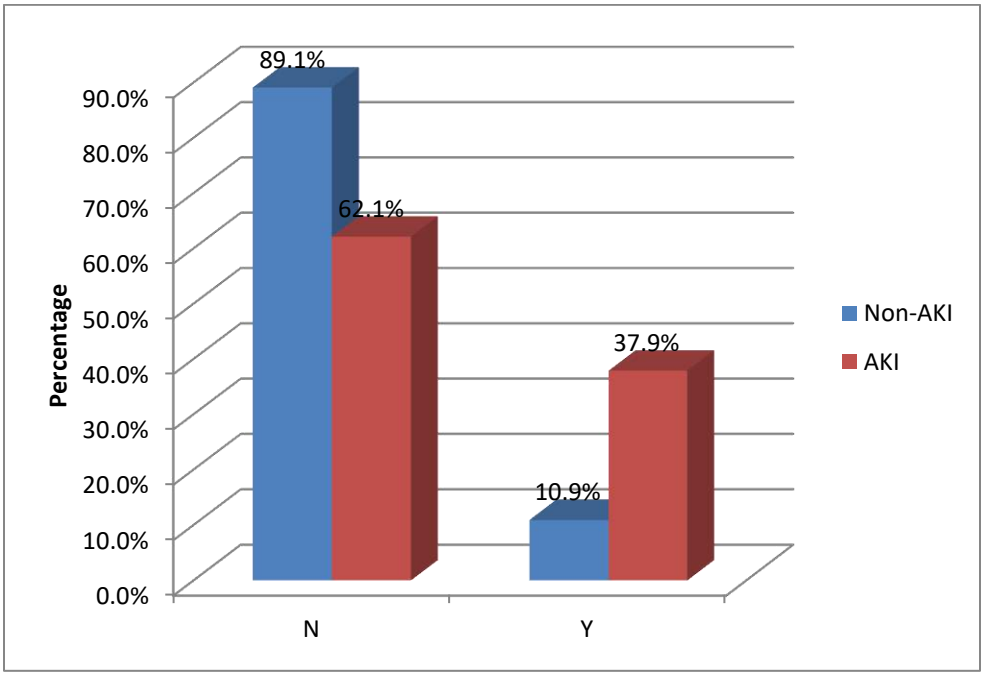


Figure 35: Perinatal Asphyxia

Table 41: Seizures

		AKI				Total	Chi-square value	p-value
		NO		YES				
Seizures	NO	607	98.9%	59	89.4%	666	26.482	0.000
	YES	7	1.1%	7	10.6%	14		
	TOTAL	614		66		680		

Table 44 shows that out of total (14) neonates admitted with seizures, 7 (10.6%) were in the AKI group and 7(1.1%) were in the NON AKI group.P value of 0.000 (significant)

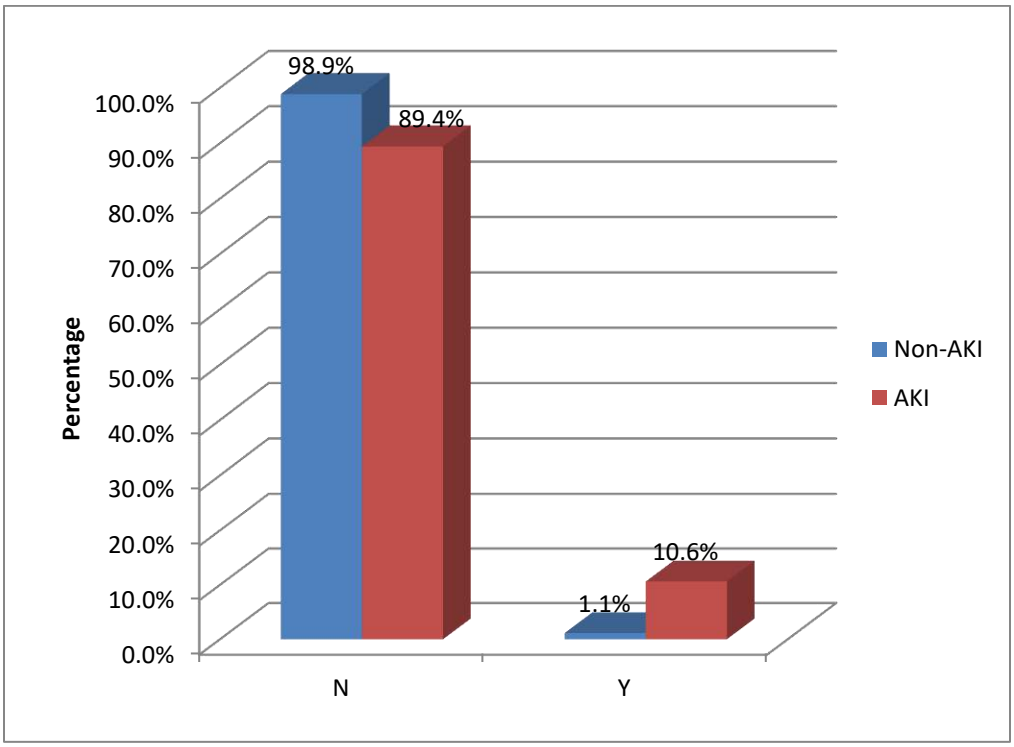


Figure 36: Seizures

Table 42: Hypoglycemia

		AKI				Total	Chi-square value	p-value
		NO		YES				
Hypoglycemia	NO	603	98.2%	60	90.9%	663	13.027	0.000
	YES	11	1.8%	6	9.1%	17		
	TOTAL	614		66		680		

Table 45 shows that out of total (17) neonates admitted with hypoglycemia, 6(9.1%) were in the AKI group and 11(1.8%) were in the NON AKI group. P value of 0.000 significant

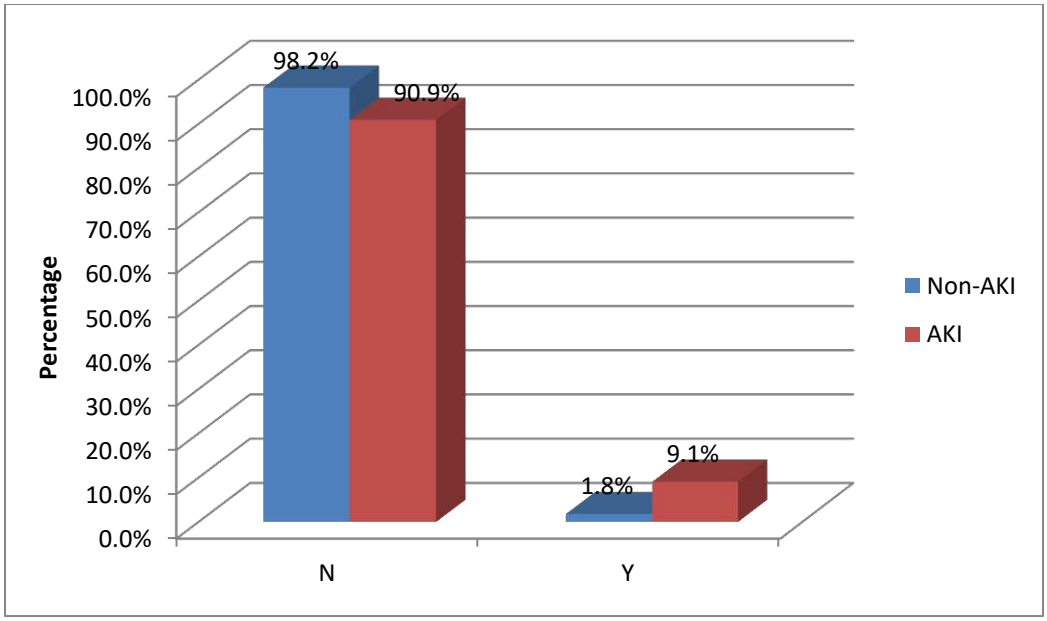


Figure 37: Hypoglycemia

Table 43: Hyperbilirubinemia

		AKI				Total	Chi-square value	p-value
		NO		YES				
Hyperbilirubinaemia	NO	604	98.4%	64	97.0%	668	0.675	0.411
	YES	10	1.6%	2	3.0%	12		
	TOTAL	614		66		680		

Table 46 shows that out of total (12) neonates admitted with neonatal hyperbilirubinemia, 12(3%) were in the AKI group and 10 (1.6%) were in the NON AKI group. P value of 0.675 (significant)

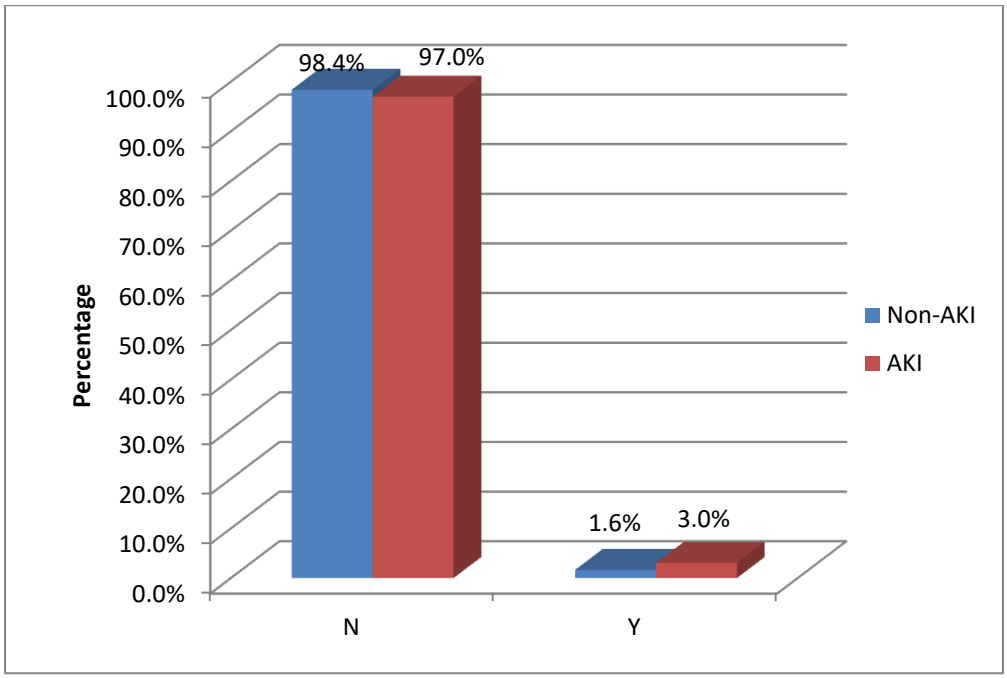


Figure 38: Hyperbilirubinemia

Table 44: Congenital Heart disease

		AKI				Total	Chi-square value	p-value
		NO		YES				
Congenital Heart disease	NO	602	98.0%	63	95.5%	665	1.855	0.173
	YES	12	2.0%	3	4.5%	15		
	TOTAL	614		66		680		

Table 47 shows that out of total (15) neonates admitted with congenital heart disease (not requiring surgical repair), 3 (4.5%) were in the AKI group and 12 (2%) were in the NON AKI group .P value is 0.173 (Not significant)

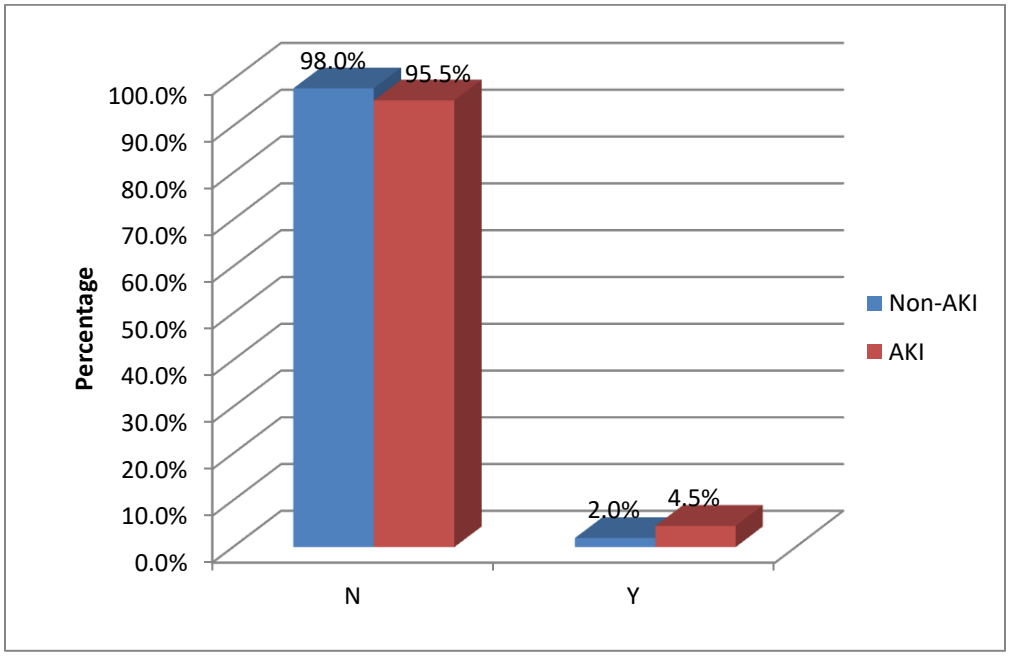


Figure 39: Congenital Heart disease

Table45: Surgical Cause

		AKI				Total	Chi-square value	p-value
		NO		YES				
Surgical Cause	NO	597	97.2%	64	97.0%	661	0.015	0.902
	YES	17	2.8%	2	3.0%	19		
	TOTAL	614		66		680		

Table 48 shows that out of total (19) neonates admitted with surgical cause, 2(3%) were in the AKI group and 17(2.8%) were in the NON AKI group .P value is 0.902 (not significant)

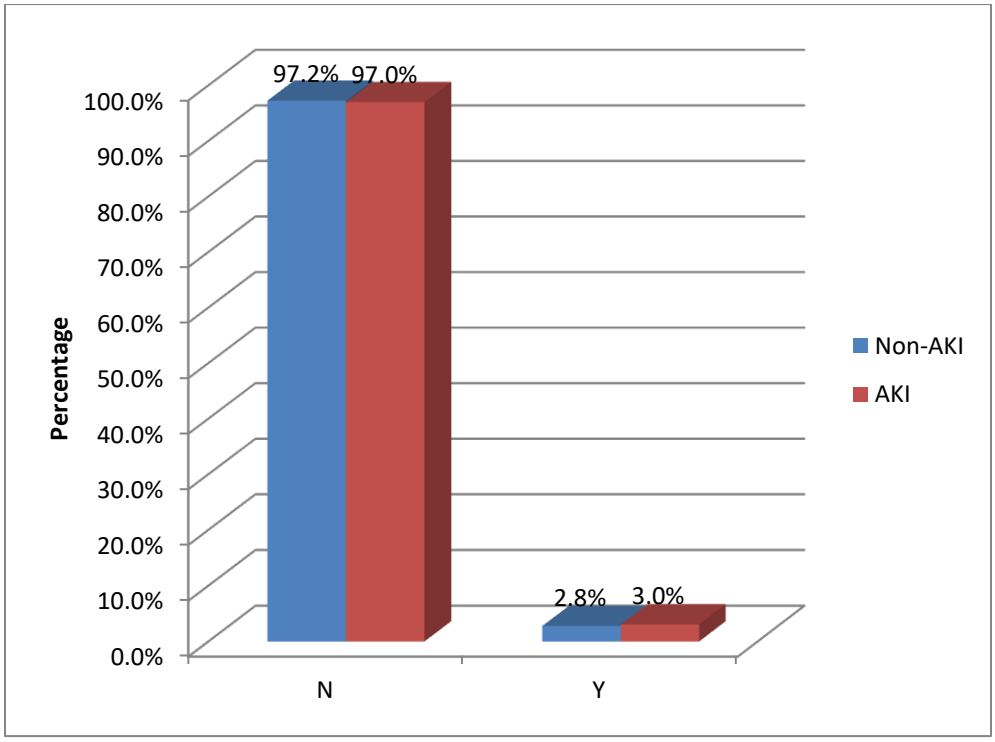


Figure 40: Surgical Cause

Table 46: Small for gestational age

		AKI				Total	Chi-square value	p-value
		NO		YES				
Small for gestational age	NO	590	96.1%	63	95.5%	653	0.063	0.801
	YES	24	3.9%	3	4.5%	27		
	TOTAL	614		66		680		

Table 49 shows that out of total (27) neonates admitted for small for gestational age, 3 (4.5%) were in the Aki group and 24 (3.9%) were in the NON AKI group. P value is 0.801 (not significant)

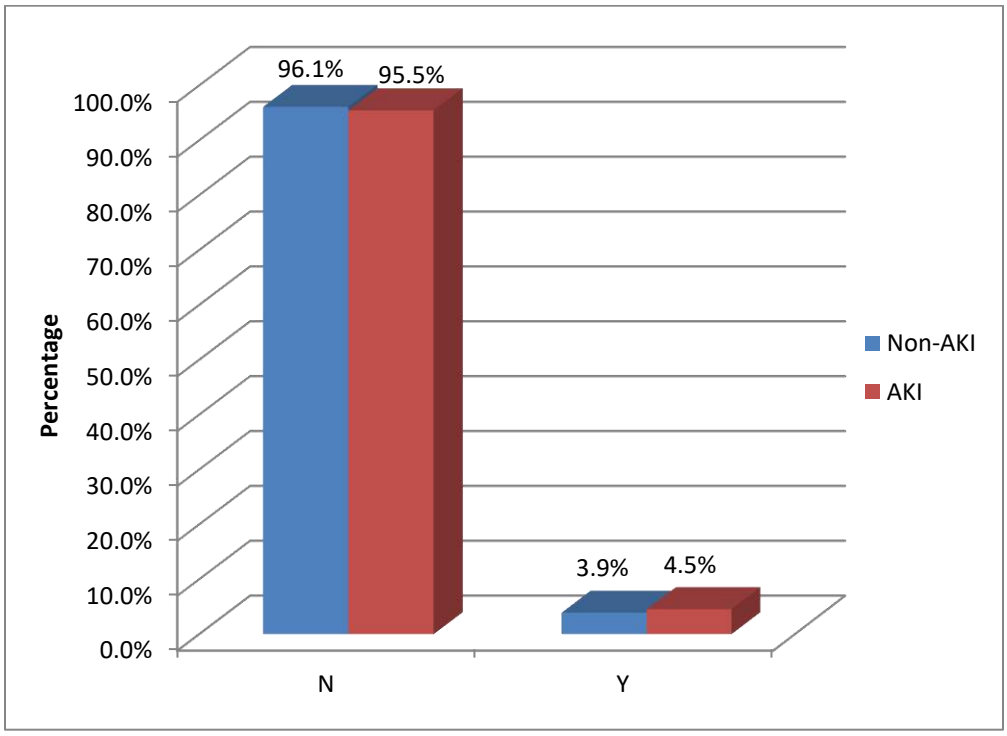


Figure 41: Small for gestational age

Table 47: Large for Gestational Age

		AKI				Total	Chi-square value	p-value
		NO		YES				
Large for gestational age	NO	611	99.5%	66	100.0%	677	0.324	0.569
	YES	3	0.5%	0	0.0%	3		
	TOTAL	614		66		680		

Table 50 shows that out of total (3) neonates admitted for being large for gestational age, none were in the AKI group and 3(0.5%) were in the NON AKI group. P value of 0.569 (not significant)

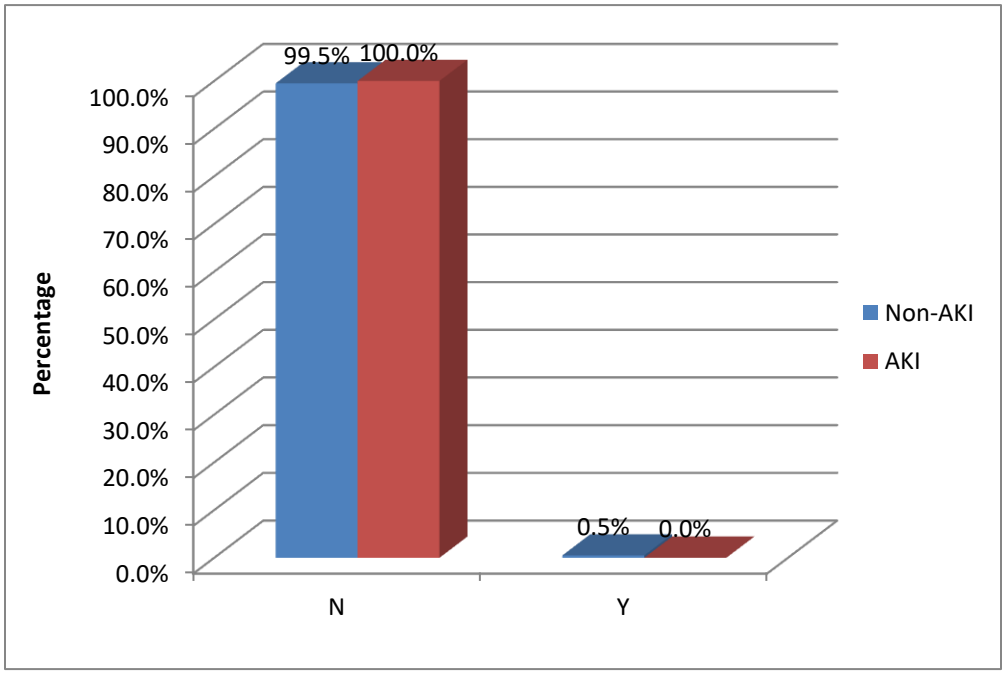


Figure 42: Large for Gestational Age

Table 48: Perinatal Asphyxia as a cause of AKI

		AKI				Total	Chi-square value	p-value
	Apgar score at 1 min	N0		Yes				
Perinatal Asphyxia	≤ 5	56	78.9%	15	21.1%	71	29.474	0.001
	> 5	391	96.1%	16	3.9%	407		
Total		447	93.5%	31	6.5%	478		

Table 24shows that out of total (71) patients of Moderate-Severe perinatal Asphyxia, 15(21.1%) developed AKI as compared to 16(3.9 %) without asphyxia.

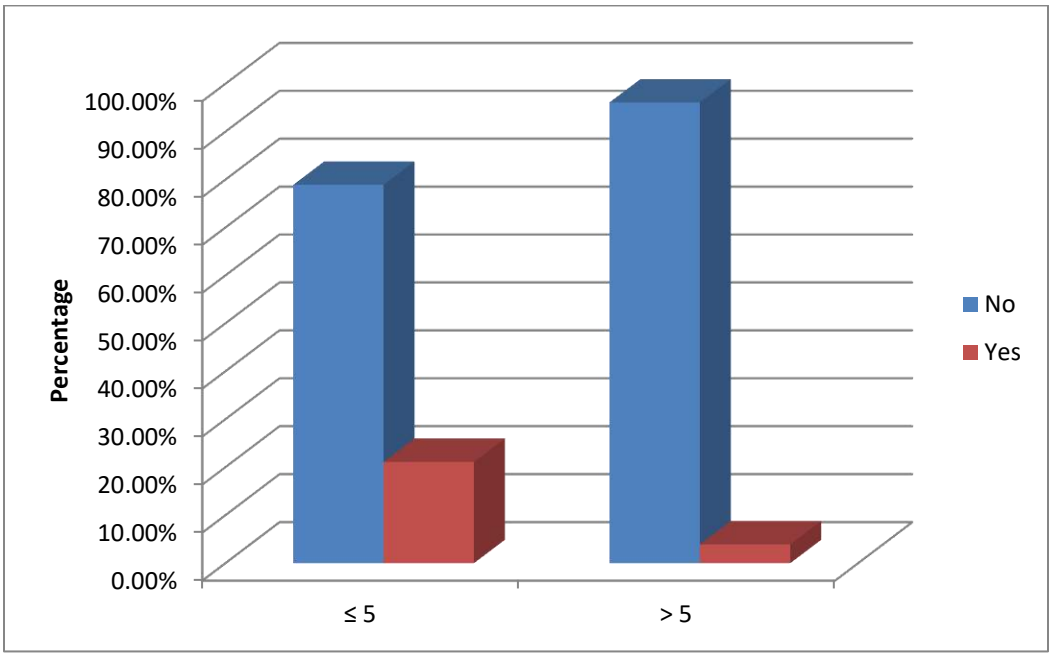


Figure 43: Perinatal Asphyxia as cause of AKI

Table 49: Hypernatremic Dehydration as a cause of AKI

		AKI				Total	Chi-square value	p-value
		No		Yes				
Hypernatremic Dehydration	Yes	30	4.9%	12	18.2%	42	18.179	0.002
	No	584	95.1%	54	81.8%	638		
Total		614	100.0%	66	100.0%	680		

Table 25 shows that out of total (42) patients of hypernatremic dehydration, 12(18.2%) were in AKI group and 30(4.9%) were in NON AKI group. (p value 0.002)

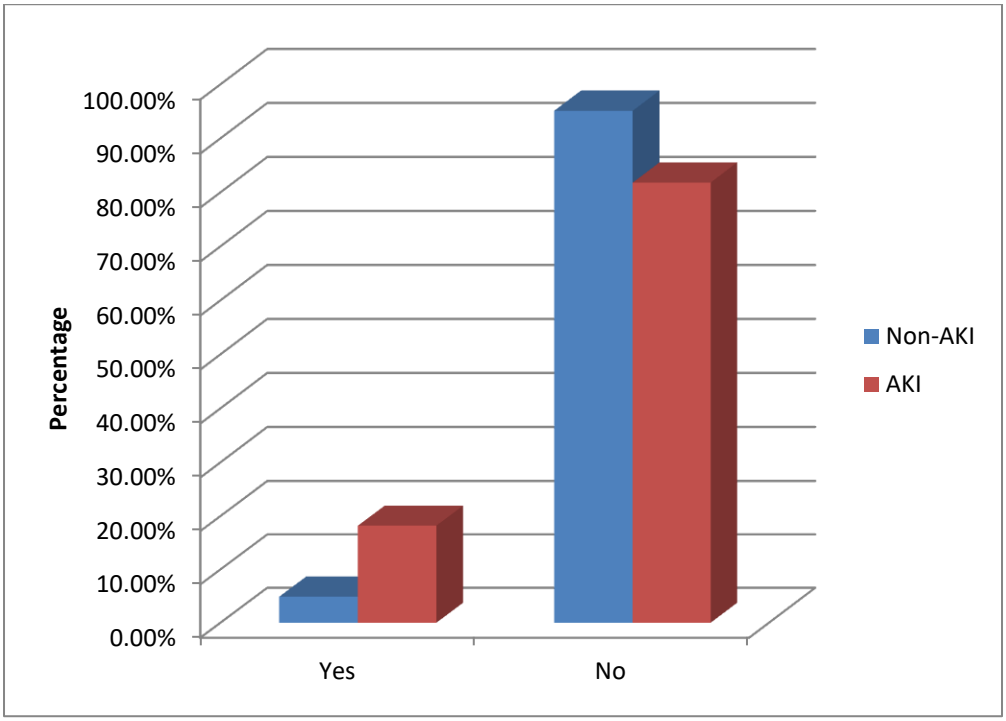


Figure 44: Hypernatremic Dehydration as a cause of AKI

Table 50: Exposure to nephrotoxic drugs

		AKI				Total	Chi-square value	p-value
		N		Y				
Use of Nephrotoxic Drugs	N	327	53.3%	8	12.1%	335	40.346	0.000
	Y	287	46.7%	58	87.9%	345		

Table 50 shows that out of total (345) cases who received nephrotoxic drug, 58 (87.9%) were in AKI group and 287(46.7%) were in the NON AKI group**.** (p value <0.001)

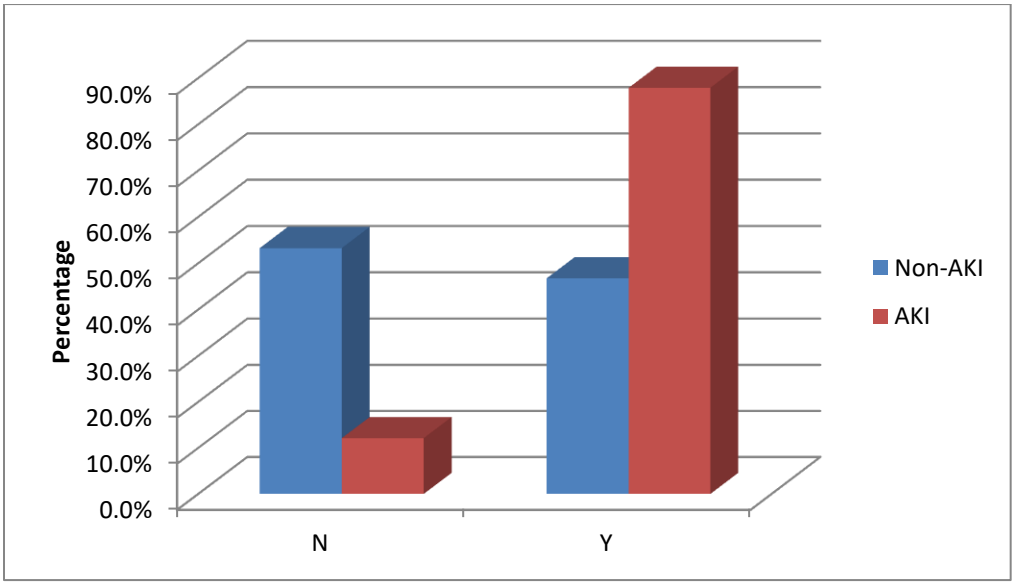


Figure 45: Exposure to nephrotoxic drugs

COMPARISON OF NEONATAL MORBIDITIES BETWEEN AKI AND NON AKI CASES

Table 51: Need for CPAP

		AKI				Total	Chi-square value	p-value
		NO		YES				
Need for CPAP	NO	340	55.4%	30	45.5%	370	2.364	0.124
	YES	274	44.6%	36	54.5%	310		
	TOTAL	614		66		680		

Table 51 shows that out of total (310) neonates requiring CPAP, 36(54.5 %) were in AKI group and 274(44.6%) were in NON AKI group .P value of 0.124(not significant)

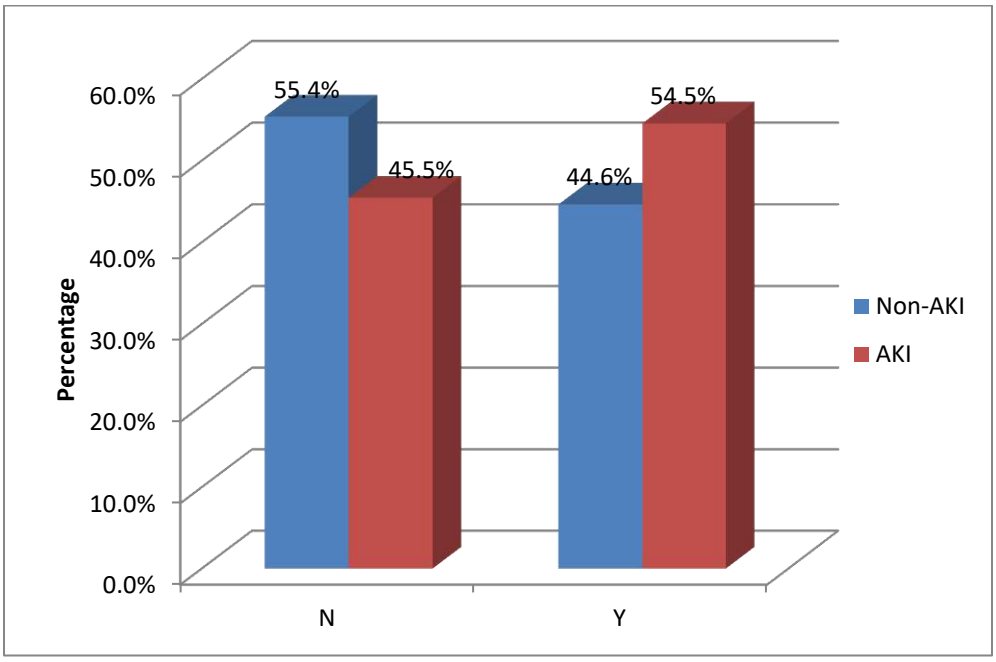


Figure 46: Need for CPAP

Table 52: Need for Surfactant

		AKI				Total	Chi-square value	p-value
		NO		YES				
Need for surfactant	NO	521	84.9%	39	59.1%	560	27.216	0.000
	YES	93	15.1%	27	40.9%	120		
	TOTAL	614		66		680		

Table 52 shows that out of (120) neonates requiring surfactant, 27 (40.9%) were in AKI group and 93 (15.1%) were in NON AKI group. P value is 0.000 (significant)

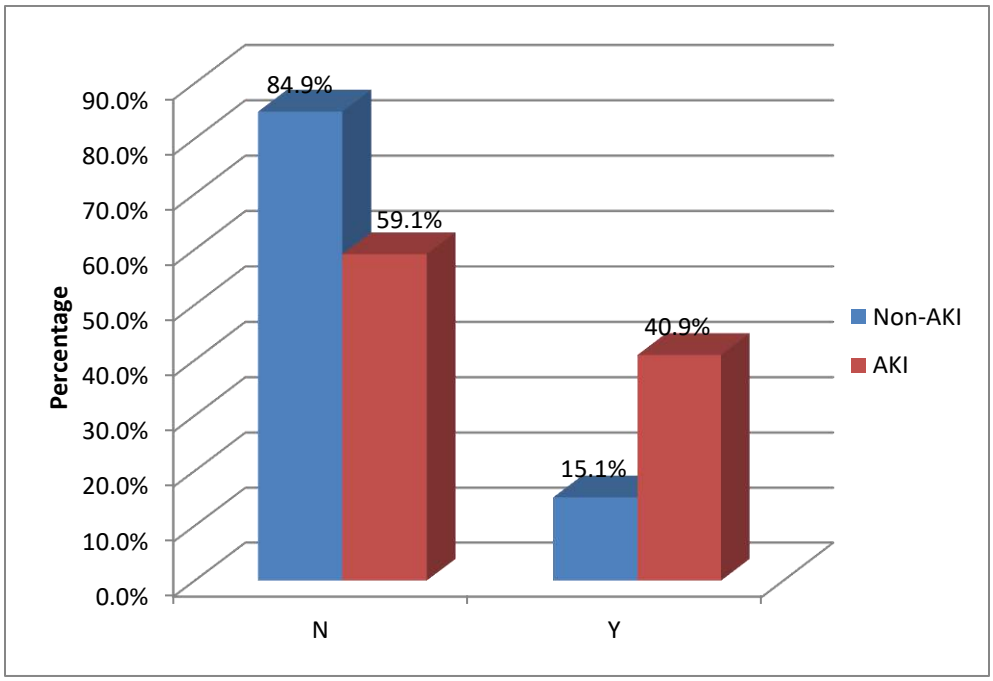


Figure 47: Need for Surfactant

Table 53: Need of Ventilation

		AKI				Total	Chi-square value	p-value
		NO		YES				
Need for ventilation (Days)	NO	528	86.0%	23	34.8%	551	101.411	0.000
	YES	86	14.0%	43	65.2%	129		
	TOTAL	614		66		680		

Table 53 shows that out of total (129) neonates requiring mechanical ventilator support 43 (65.2%) were in AKI group and 86 (14%) were in NON AKI group .P value is 0.000 (significant)

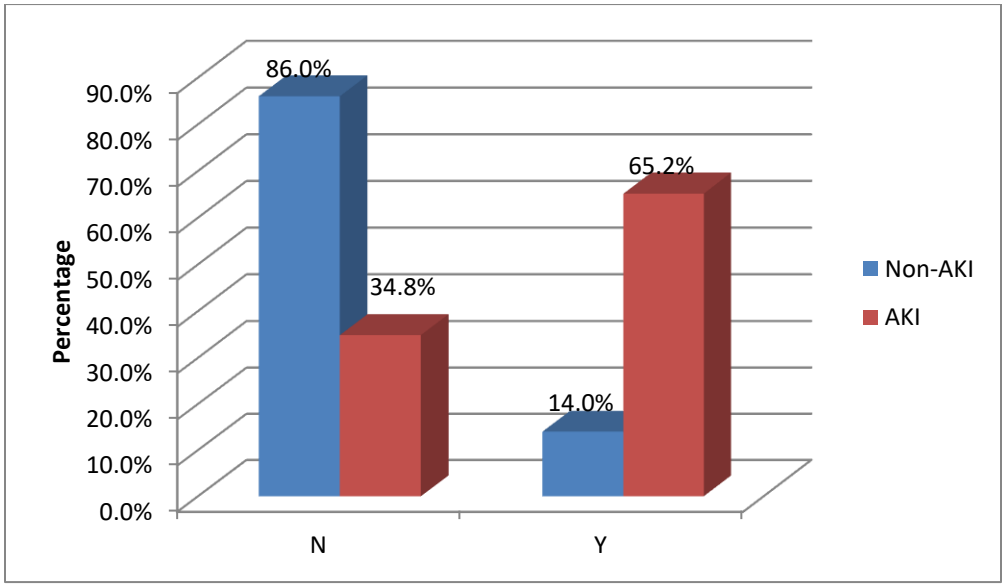


Figure 48: Need of Ventilation

Table 54: Mean Duration of ventilator support

	N	Minimum	Maximum	Mean	Std. Deviation
Duration of ventilatory support (days)	129	1.0	22.0	5.7	3.8
Duration of ventilator Support during AKI	42	1.0	18.0	5.7	4

Table 54 shows that mean Duration of Ventilator Support was 5.7 +/- 3.8 days and mean Duration of Ventilator Support In AKI cases was 5.7 +/- 4 days.

Table 55: Need for inotropes

		AKI				Total	Chi-square value	p-value
		NO		YES				
Need for inotropes	NO	557	90.7%	24	36.4%	581	141.533	0.000
	YES	57	9.3%	42	63.6%	99		
	TOTAL	614		66		680		

Table 55 shows that out of total (99) neonates requiring inotropes, 42 (63.6%) were in the AKI group and 57(9.3%) were in the NON AKI group. P value of 0.000 (significant)

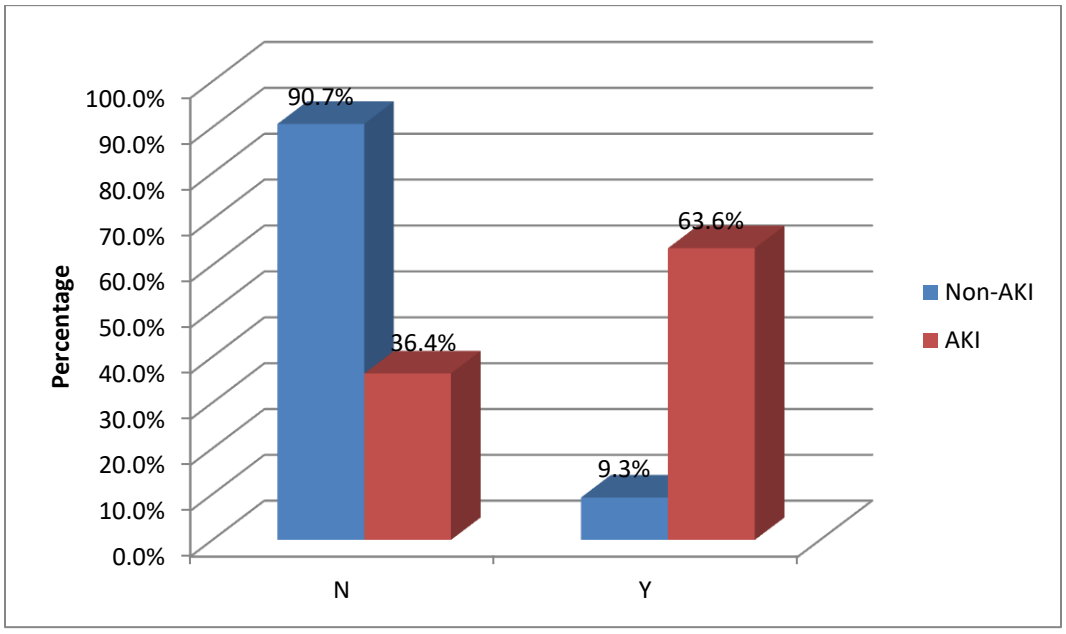


Figure49:Need for inotropes

Table 56: Use of nephrotoxic drugs

		AKI				Total	Chi-square value	p-value
		N		Y				
Use of Nephrotoxic Drugs	N	327	53.3%	8	12.1%	335	40.346	0.000
	Y	287	46.7%	58	87.9%	345		
		614	100.0%	66	100.0%	680		

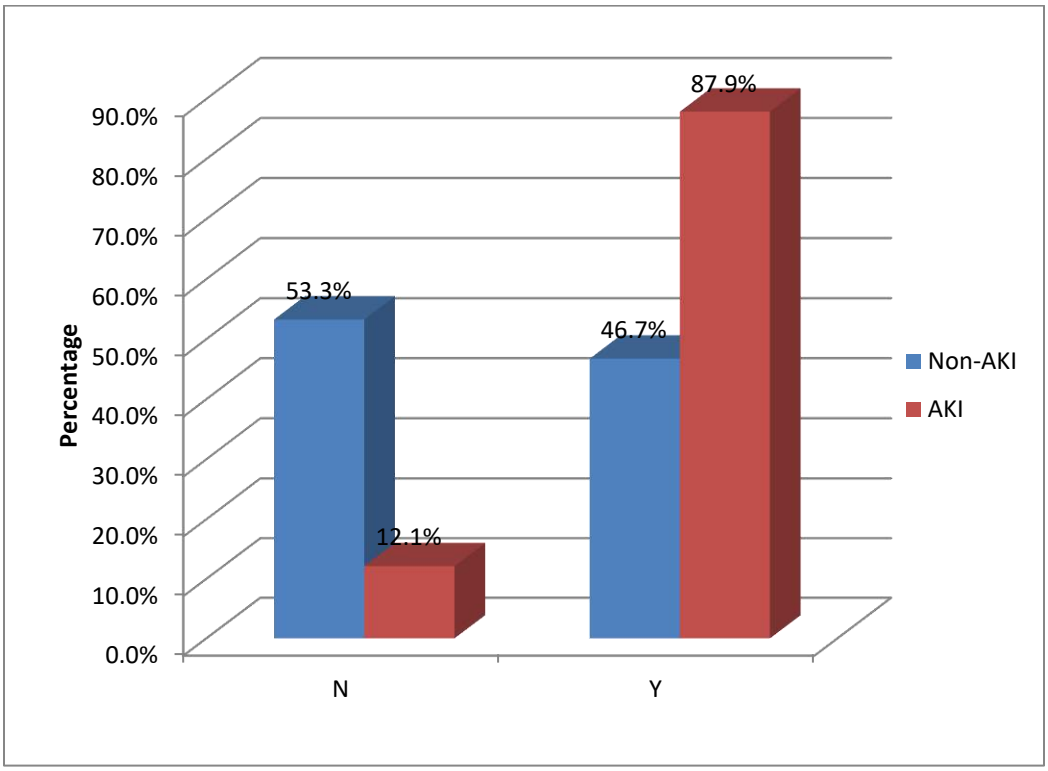


Figure 50: Use of nephrotoxic drugs

Table 57: Sepsis

		AKI				Total	Chi-square value	p-value
		NO		YES				
Sepsis	EARLY ONSET	123	20.0%	28	42.4%	151	31.258	0.000
	LATE ONSET	30	4.9%	7	11%	37		
	NO	461	75.1%	31	47.0%	492		
	TOTAL	614		66		680		

Table 57 shows that Out of 614 NON AKI cases, 123 (20 %) cases had early onset sepsis as compared to AKI 66 cases, 28 (42.4%) had early onset sepsis. P value of 0.000 (Significant)

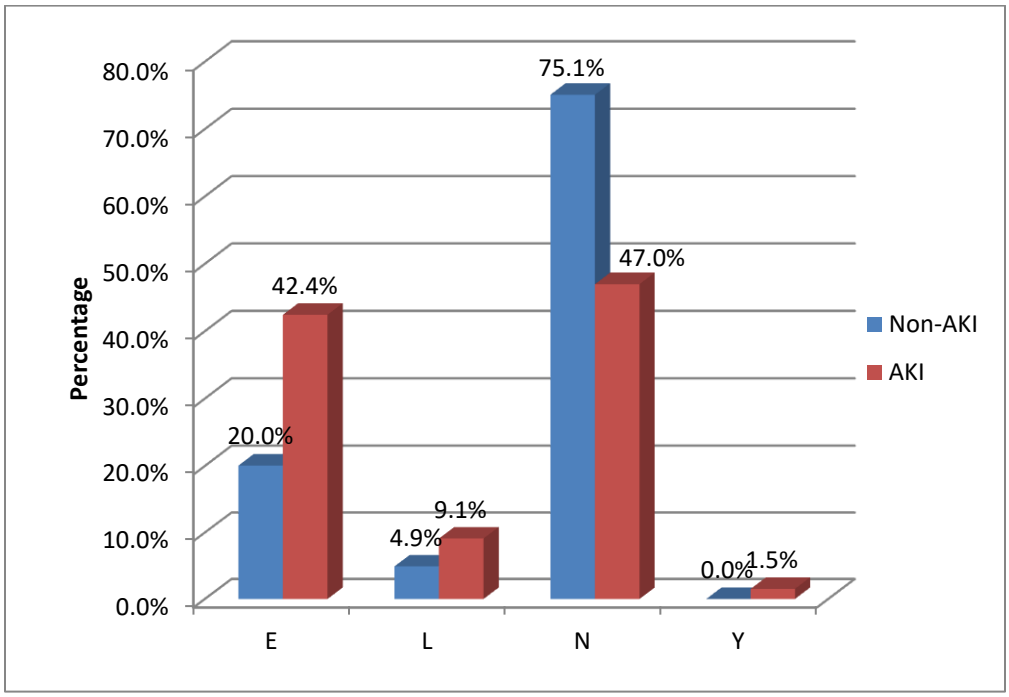


Figure 51: Sepsis

Table 58: Apnea of prematurity

		AKI				Total	Chi-square value	p-value
		N0		YES				
Apnea of prematurity	N0	564	91.9%	54	81.8%	618	7.247	0.007
	YES	50	8.1%	12	18.2%	62		
	TOTAL	614		66		680		

Table 58 shows that out of total (62) neonates with apnea of prematurity 18.2 %(12) were in AKI group and 8.1 % (50) were in NON AKI group . P value of 0.007 (significant)

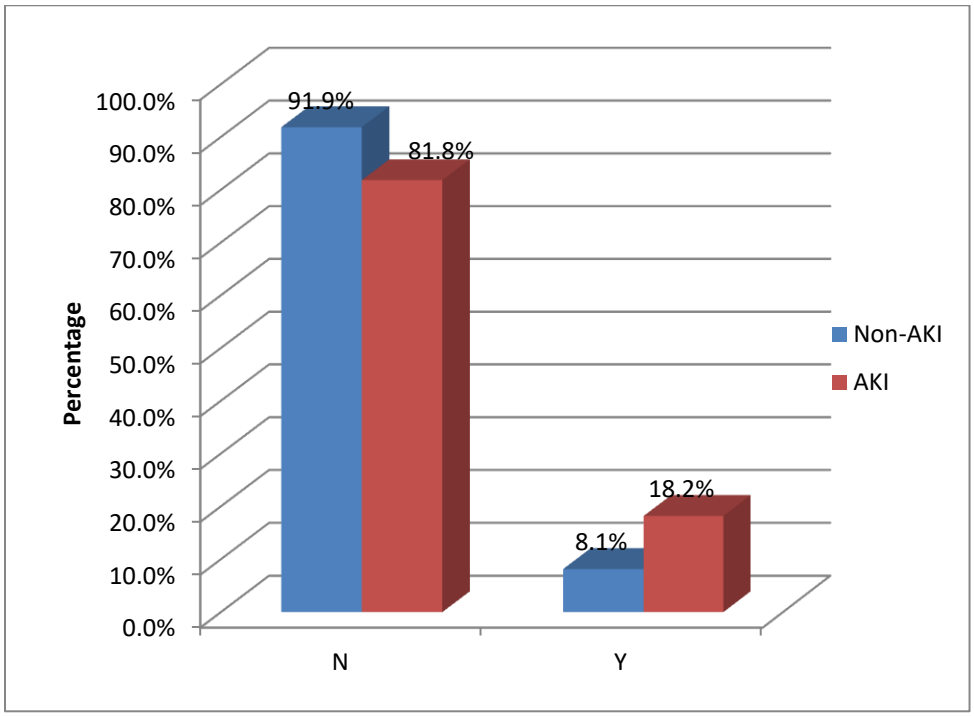


Figure 52: Apnea of prematurity

Table 59: Feed Intolerance

		AKI				Total	Chi-square value	p-value
		No		Yes				
Feed Intolerance	NO	545	88.8%	48	72.7%	593	13.734	0.000
	YES	69	11.2%	18	27.3%	87		
	TOTAL	614		66		680		

Table 59 shows that out of total (87) neonates with feed intolerance, 18 (27.3%) were in AKI group and 69 (11.2%) were in NON AKI group. P value of 0.000 (significant)

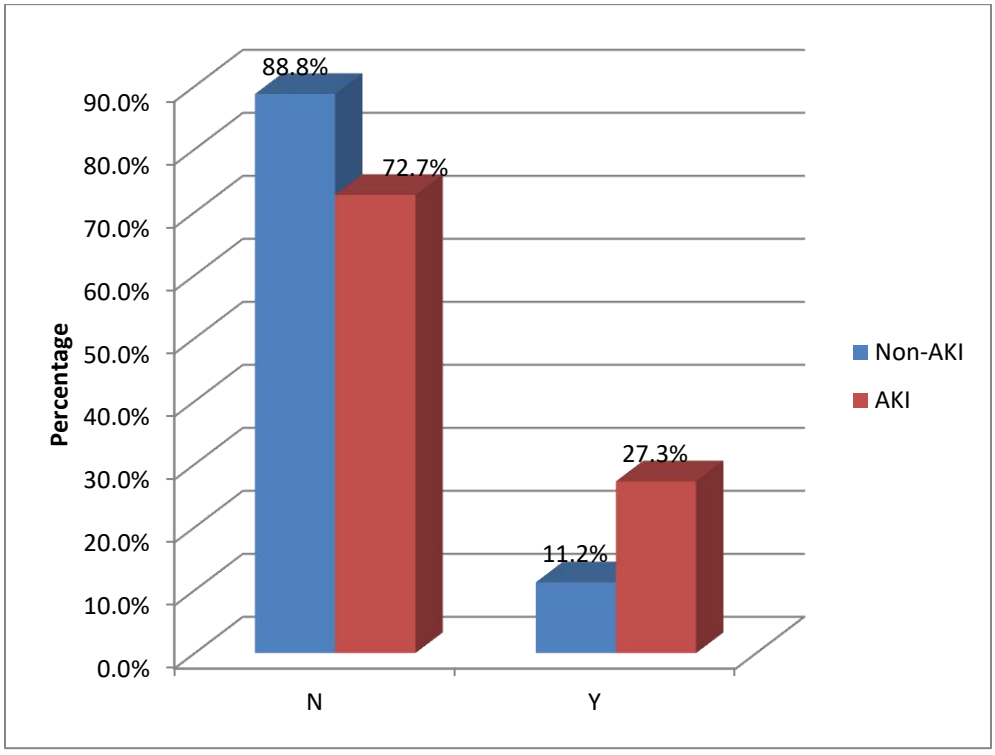


Figure 53: Feed Intolerance

COMPARISON OF MATERNAL COMORBIDITIES BETWEEN AKI AND NON AKI CASES

Table 60: Maternal Infections

Maternal Comorbidity		AKI				Total	Chi-square value	p-value
		NO		YES				
Maternal Infections	NO	597	97.2%	40	60.6%	637	134.950	0.000
	YES	17	2.8%	26	39.4%	43		
	TOTAL	614		66		680		

Table 60 shows that out of total (43) neonates with maternal infections, 26 (39.4%) were in AKI group and 17(2.8%) were in NON AKI group. P value of 0.000 (significant)

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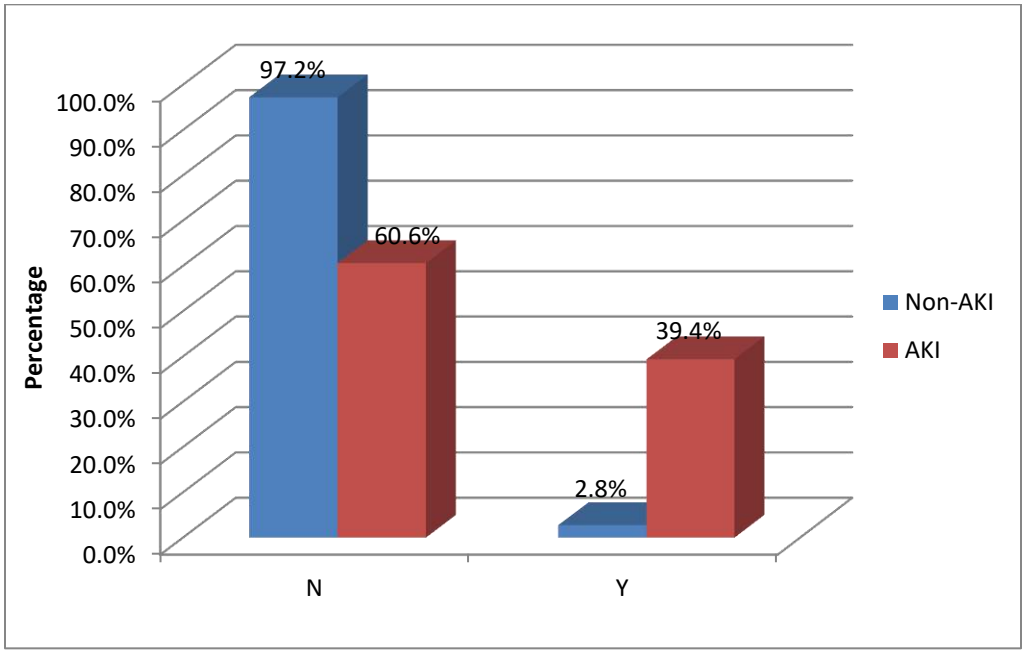

Figure 54: Maternal Infections

Table 61: Maternal diabetes

		AKI				Total	Chi-square value	p-value
		NO		YES				
Diabetes	NO	606	98.7%	39	59.1%	645	191.478	0.000
	YES	8	1.3%	27	40.9%	35		
	TOTAL	614		66		680		

Table 61 shows that out of total (35) neonates with maternal diabetes, 27(40.9%) were in AKI group and 8(1.3%) were in NON AKI group. P value of 0.000 (significant)

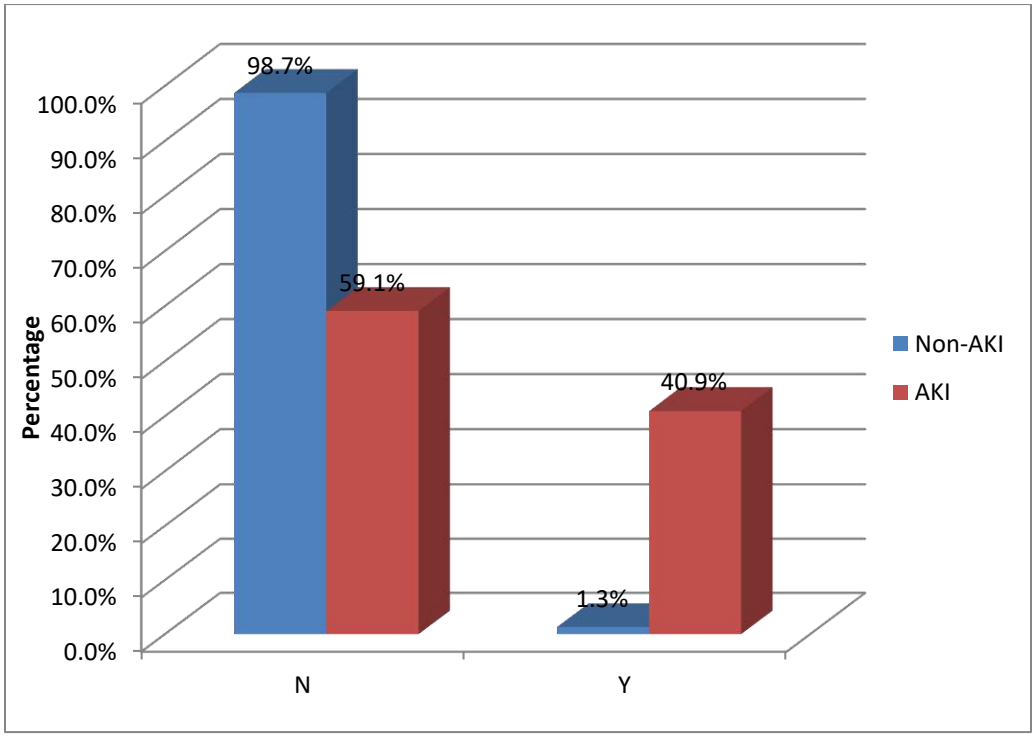

Figure 55: Maternal diabetes

Table 62: Hypothyroidism

		AKI				Total	Chi-square value	p-value
		NO		YES				
Hypothyroidism	NO	591	96.3%	48	72.7%	639	58.219	0.000
	YES	23	3.7%	18	27.3%	41		
	TOTAL	614		66		680		

Table 62 shows that out of total (41) neonates with maternal hypothyroidism, 18(27.3%) were in AKI group and 23(3.7%) were in NON AKI group. P value of 0.000 (significant)

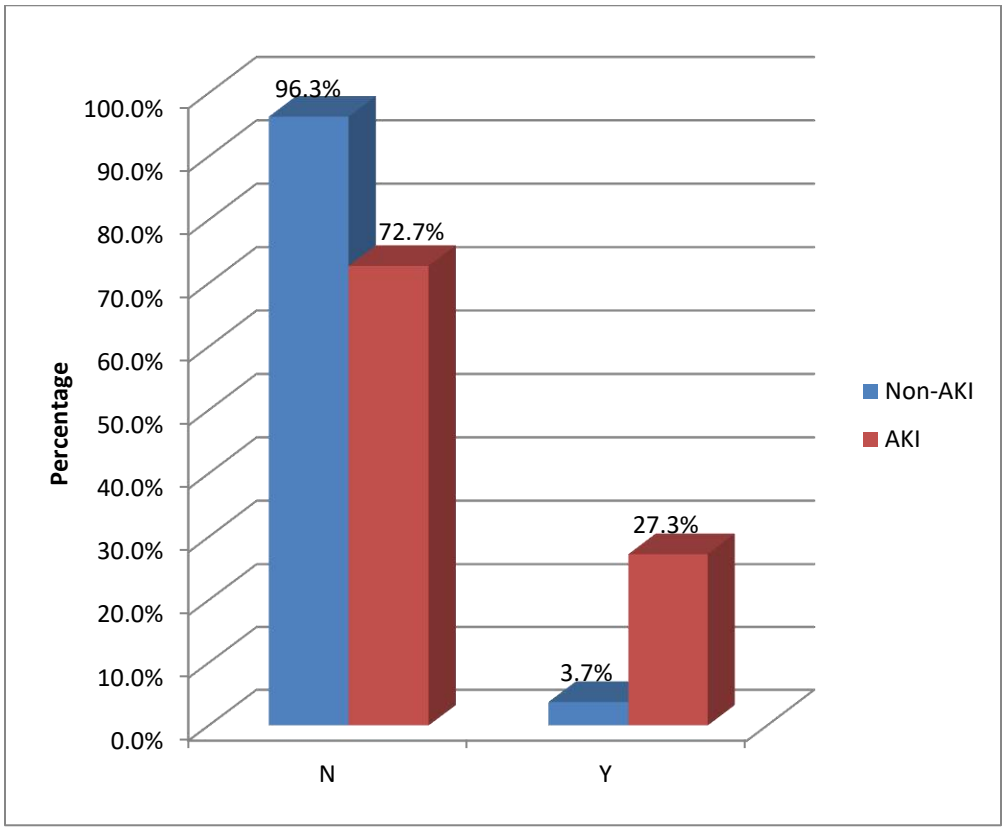

Figure 56: Hypothyroidism

Table 63: Chronic Hypertension

		AKI				Total	Chi-square value	p-value
		No		Yes				
Chronic hypertension	NO	611	99.5%	56	84.8%	667	68.327	0.000
	YES	3	0.5%	10	15.2%	13		
	TOTAL	614		66		680		

Table 63 shows that out of total (13) neonates with maternal chronic hypertension, 10 (15.2%) were in AKI group and 3 (0.5%) were in NON AKI group .P value is 0.000 (significant)

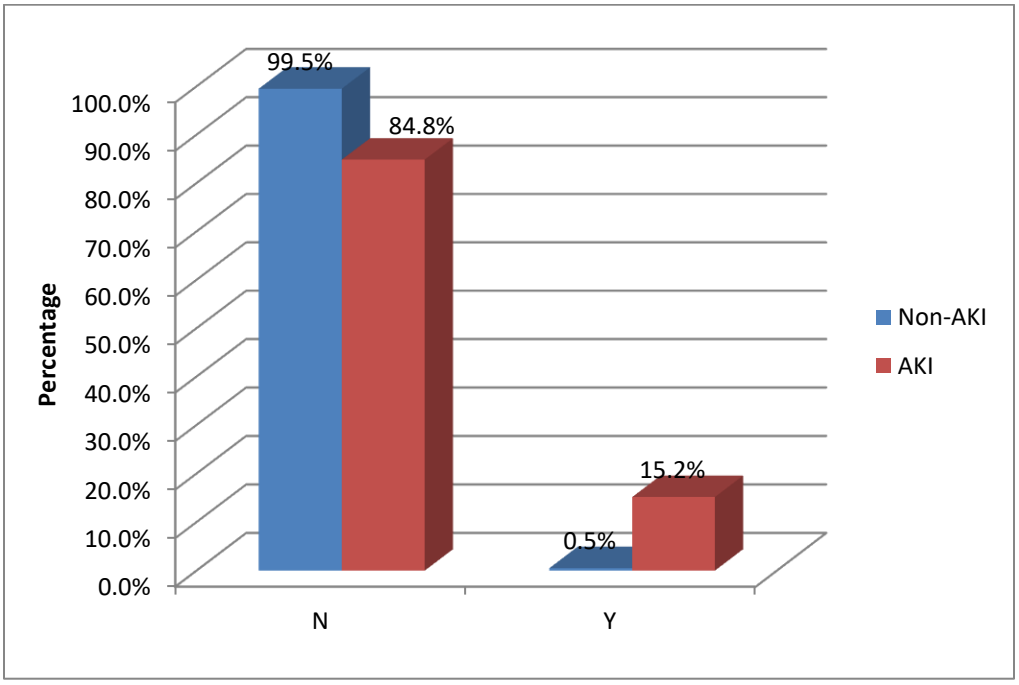

Figure 57: Chronic Hypertension

Table 64: Kidney Disease

		AKI				Total	Chi-square value	p-value
		N0		YES				
Kidney disease	NO	605	98.5%	60	90.9%	665	16.062	0.000
	YES	9	1.5%	6	9.1%	15		
	TOTAL	614		66		680		

Table 64 shows that out of total (15) neonates with maternal kidney disease, 6 (9.1%) were in AKI group and 9(1.5%) were in NON AKI group .P value of 0.000(significant)

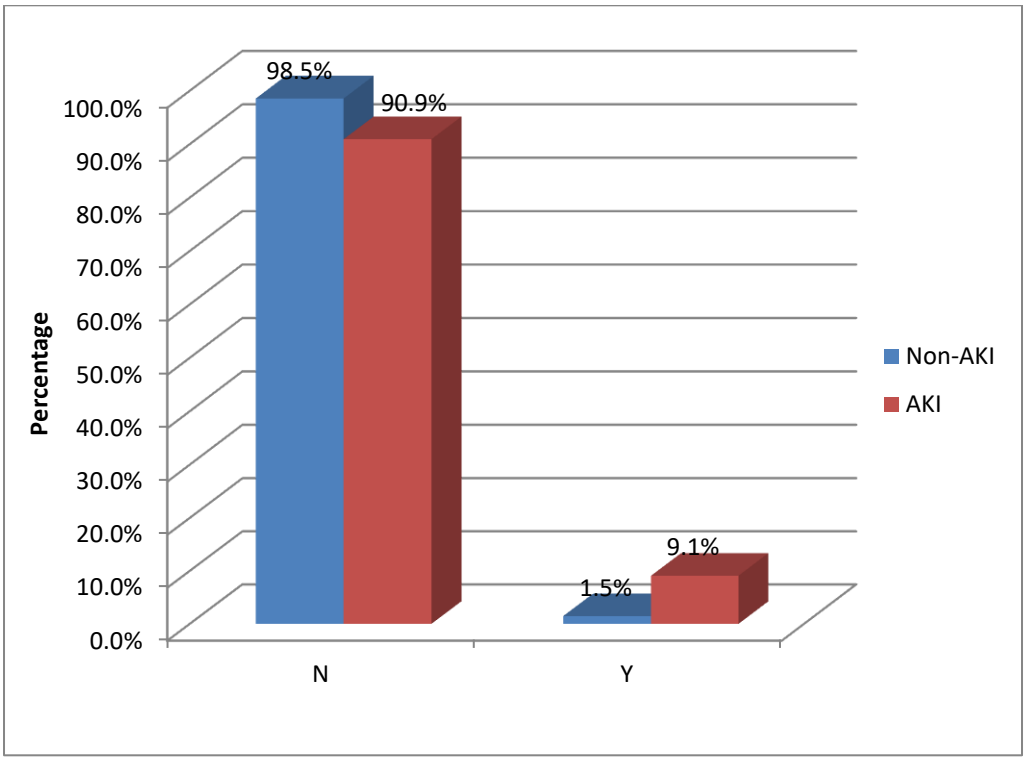

Figure 58: Kidney Disease

Table65: Pre-eclampsia

		AKI				Total	Chi-square value	p-value
		No		YES				
Pre-eclampsia	NO	593	96.6%	47	71.2%	640	69.270	0.000
	YES	21	3.4%	19	28.8%	40		
	TOTAL	614		19	28.8%	680		

Table 65 shows that out of total (40) neonates with maternal pre-eclampsia, 19(28.8%) were in AKI group and 21(3.4%) were in NON AKI group .P value of 0.000(significant)

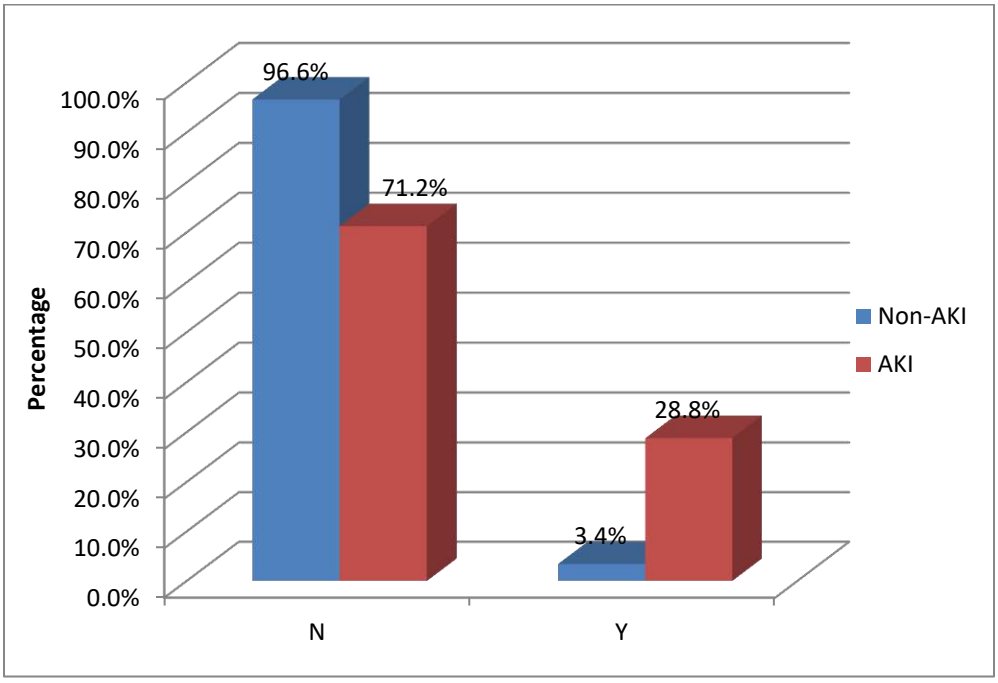

Figure 59: Pre-eclampsia

Table 66: Eclampsia

		AKI				Total	Chi-square value	p-value
		N0		Yes				
Eclampsia	NO	607	98.9%	61	92.4%	668	14.238	0.000
	YES	7	1.1%	5	7.6%	12		
	TOTAL	614		66		680		

Table 66 shows that out of total (12) neonates with maternal eclampsia, 5 (7.6%) were in AKI group and 7 (1.1%) were in NON AKI group. P value of 0.000 (significant)

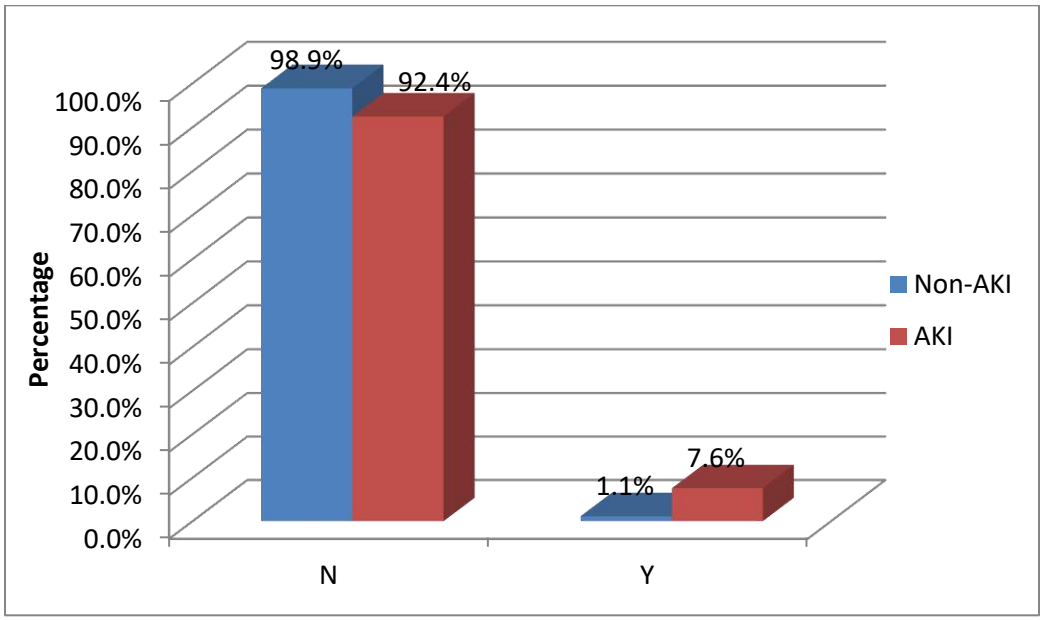

Figure 60: Eclampsia

Table 67: Intrauterine growth retardation

		AKI				Total	Chi-square value	p-value
		N		Y				
Intrauterine growth retardation	NO	614	100.0%	52	78.8%	666	132.980	0.000
	YES	0	0.0%	14	21.2%	14		
	TOTAL	614		66		680		

Table 67 shows that out of total (14) neonates with Intrauterine growth retardation, 14 (21.2%) were in AKI group and none were in NON AKI group. P value of 0.000 (significant)

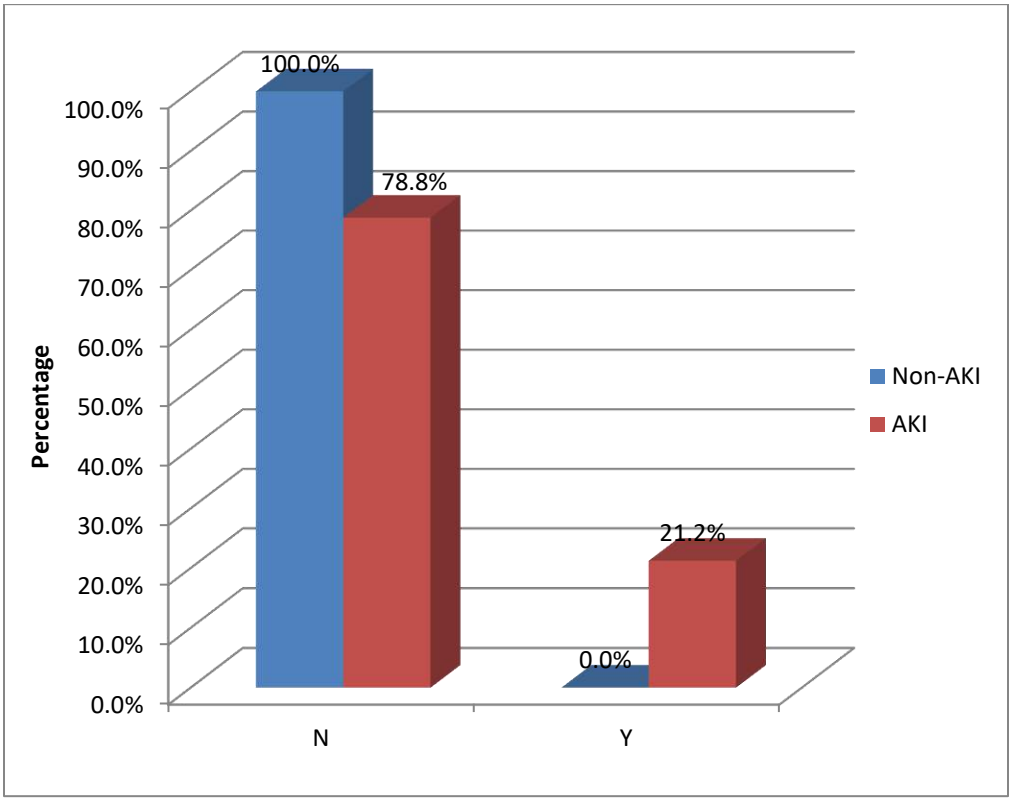

Figure 61: Intrauterine growth retardation

Table 68: Oligohydramnios

		AKI				Total	Chi-square value	p-value
		NO		YES				
Oligohydramnios	NO	594	96.7%	58	87.9%	652	11.859	0.001
	YES	20	3.3%	8	12.1%	28		
	TOTAL	614		66		680		

Table 68 shows that out of total (28) neonates with oligohydramnios, 8(12.1 %) were in AKI group and 20(3.3 %) were in NON AKI group. P value of 0.001 (significant)

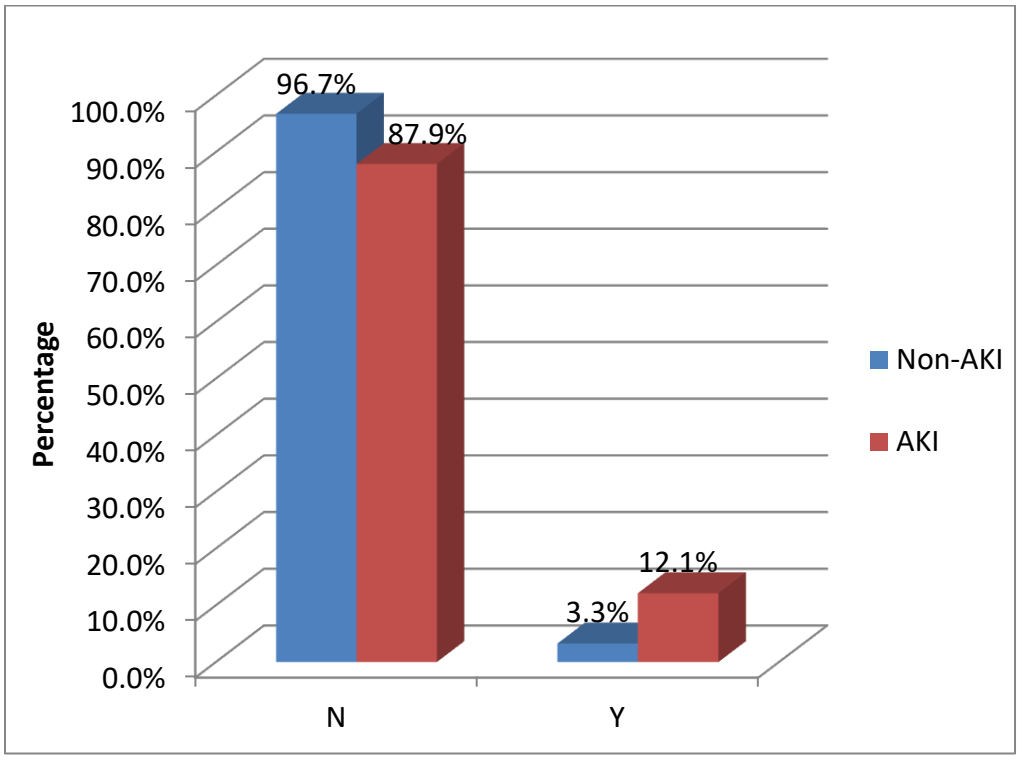

Figure 62: Oligohydramnios

Table 69: Polyhydramnios

		AKI				Total	Chi-square value	p-value
		NO		YES				
Polyhydramnios	NO	584	95.1%	61	92.4%	645	0.883	0.347
	YES	30	4.9%	5	7.6%	35		
	TOTAL	614		66		680		

Table 69 shows that out of total (35) neonates with maternal polyhydramnios, 5(7.6%) were in AKI group and 30(4.9%) were in NON AKI group. P value of 0.347 (Not significant)

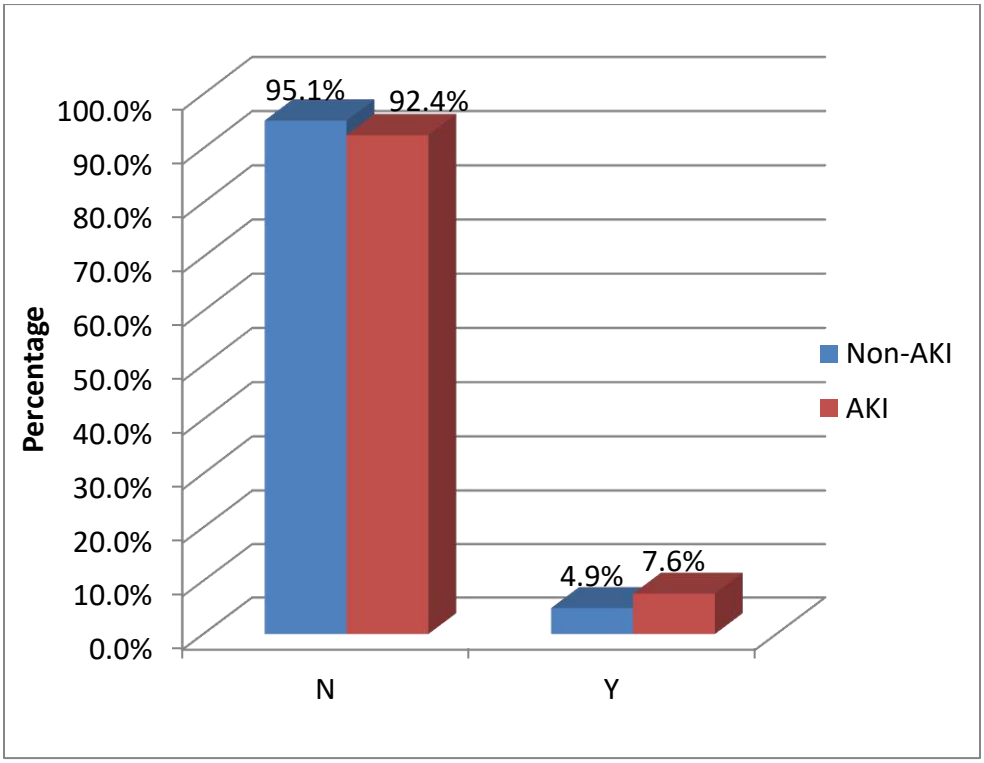

Figure 63: Polyhydramnios

Table 70: Antepartum Haemorrhage

		AKI				Total	Chi-square value	p-value
		NO		YES				
Antepartum Haemorrhage	NO	567	92.3%	57	86.4%	624	2.822	0.093
	YES	47	7.7%	9	13.6%	56		
	TOTAL	614		66		680		

Table 70 shows that out of total (56) neonates with maternal antepartum haemorrhage, 9(13.6%) were in AKI group and 47(7.7%) were in NON AKI group. P value of 0.093(not significant)

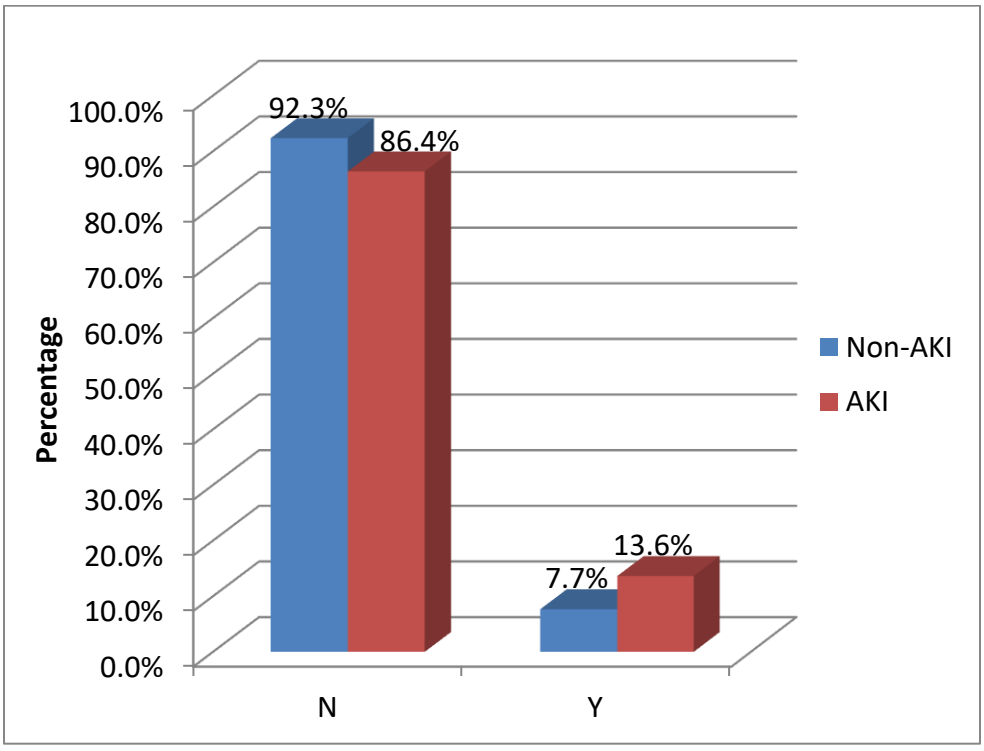

Figure 64: Antepartum Haemorrhage

Table 71: Multiple Gestation

		AKI				Total	Chi-square value	p-value
		N0		Yes				
Multiple gestation	NO	510	83.1%	59	89.4%	569	1.749	0.186
	YES	104	16.9%	7	10.6%	111		
	TOTAL	614		66		680		

Table 71 shows that out of total (111) multiple gestation babies, 7(10.6%) were in AKI group and 104(16.9%) were in NON AKI group .P value of 0.186 (not significant)

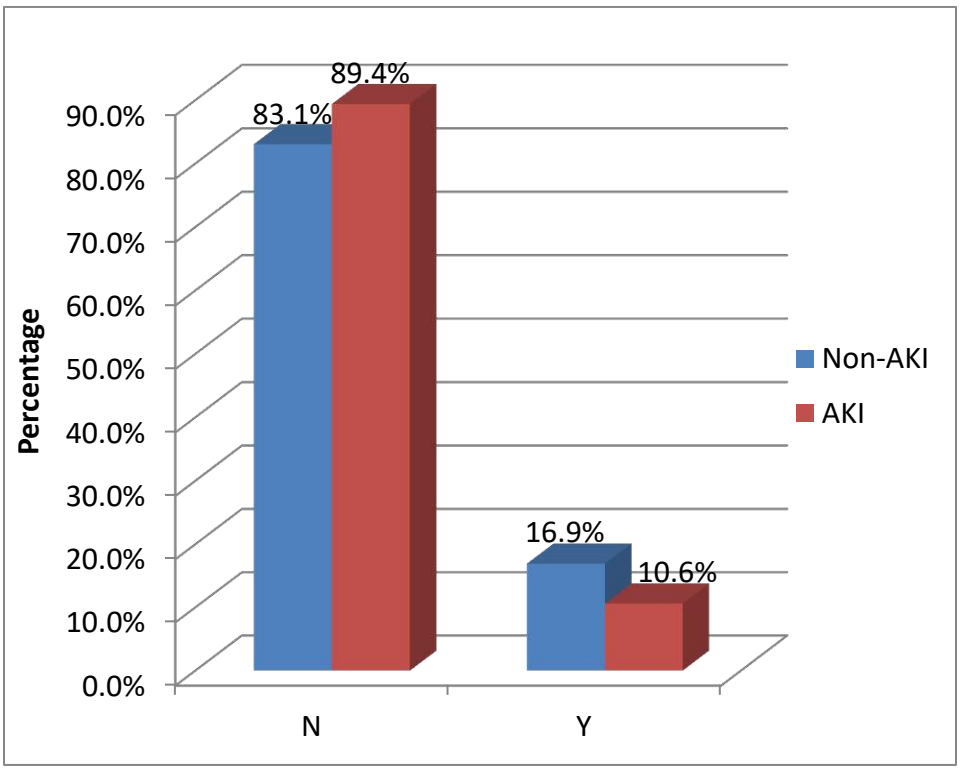

Figure 65: Multiple Gestation

Table 72: IVF conception

		AKI				Total	Chi-square value	p-value
		NO		YES				
IVF Conception	NO	551	89.7%	53	80.3%	604	5.345	0.021
	YES	63	10.3%	13	19.7%	76		
	TOTAL	614		66		680		

Table 72 shows that out of total (76) babies, 13 (19.7%) were in AKI group and 63 (10.3%) were in NON AKI group .P value of 0.021 (Not significant)

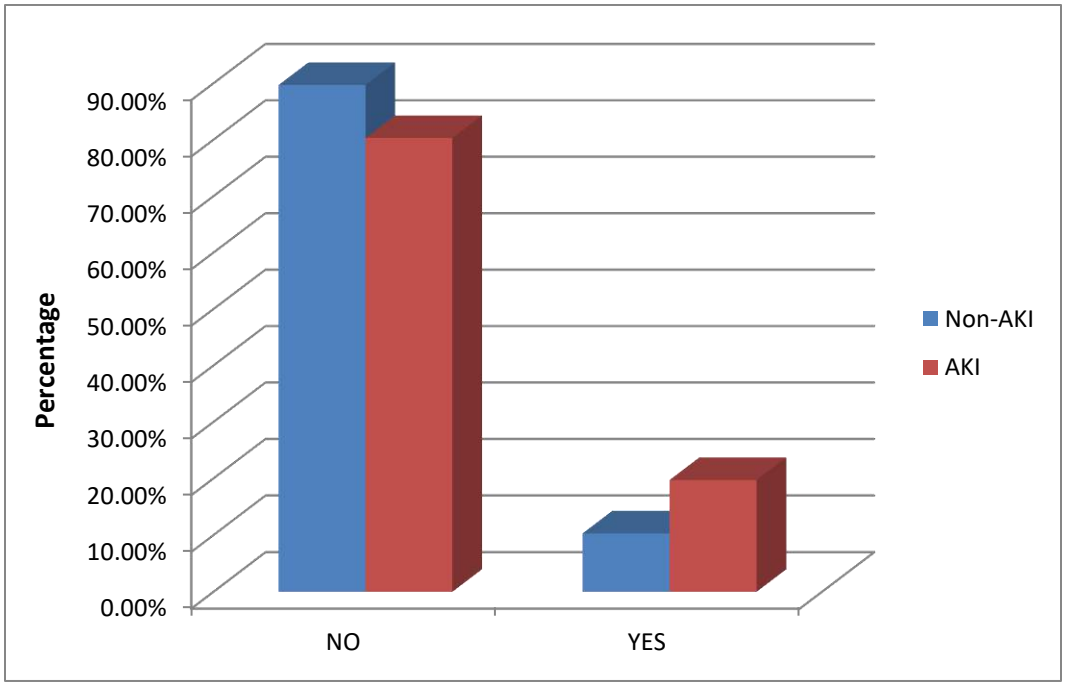

Figure 66: IVF conception

Table 73: Outcome of AKI and NON-AKI

		AKI				Total	Chi-square value	p-value
		No		Yes				
Outcome	Discharge	552	90%	41	62.2%	593	41.223	0.000
	Adverse Outcome	62	10 %	25	37.8%	87		
Total		614	100.0%	66	100.0%	680		

Table 73 shows that out of total (87) neonates with adverse outcome, 25 (37.8%) were in AKI group and 62 (10%) were in NON AKI group. P value 0.000. (significant)

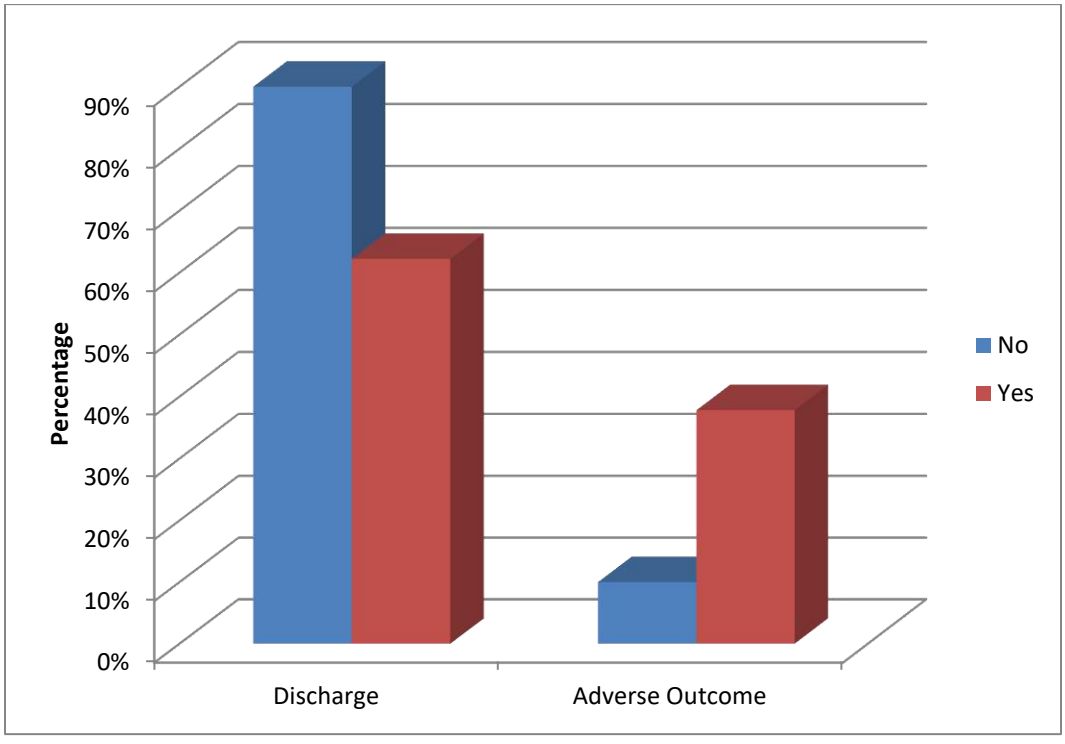

Figure 67: Outcome of AKI and NON-AKI

DISCUSSION

This study was conducted in Department of paediatrics, Dayanand Medical College and Hospital in level 3 Neonatal Intensive Care Unit to find the incidence and Outcomes of Acute Kidney Injury in Neonates .This was a prospective Observational study done over a period of one year from January 2019 to December 2019.

We included neonates born or admitted to NICU and those who received intravenous fluids for atleast 48 hours .We excluded neonates who survived less than 48 h after admission, had lethal chromosomal anomalies, had evidence of congenital renal anomalies and urinary tract anomalies, admitted only for phototherapy, neonates with congenital heart disease requiring repair within 7 days of life or had insufficient data.

AKI was defined according to the modified Kidney Disease: Improving Global Outcomes (KDIGO) criteria defined as an increase in serum creatinine of > 0.3 mg/dl or more (≥26·5 μmol/L) or 50% or more from the previous lowest value .The KDIGO AKI criteria modified for neonates in 2013, included Scr and a urine output threshold of <0.5 ml kg hr to diagnose AKI. [104] Both AKI and non-AKI neonates were prospectively followed up until NICU discharge.

Incidence of AKI was studied. Outcomes studied included mortality and length of NICU stay.

We Screened 750 neonates admitted to NICU out of which 70 neonates were excluded as per the exclusion criteria. Total 680 neonates enrolled in the study

Data of all the neonates meeting the inclusion criteria was entered in the pre-structured proforma after taking written consent from either of the neonate's parents and the data was analysed. The variables extracted were chosen based on their relevance to the study of neonatal AKI.

As described, selection criteria was chosen to identify sick neonates who were most likely to have kidney function monitoring and restrict the number of neonates admitted for mild or transient conditions requiring

brief periods of supportive care (i.e. transient tachypnoea, transient hypoglycemia or late prematurity) .Given that neonates who do not require intravenous fluids rarely have assessments for serum creatinine. Exclusion of neonates who died within the first 48 hours of admission was done because these neonates do not always receive full medical support because of lethal condition and 48 hour is not an ample time to note a rise in serum creatinine and thus be able to assess for AKI.

Proformas filled contained information regarding the baseline demographic details of the neonates, neonatal morbidities, maternal variables, serial serum creatinine values and outcomes

There is scarcity of the published literature on the incidence and outcome of AKI in the critically ill neonatal population. The aim of this study was to determine incidence, associated conditions, risk factors, and outcome of AKI in neonates admitted to the NICU. This study highlights the high burden and mortality of AKI in sick neonates

New AKI biomarkers are emerging as possible tools to diagnose AKI earlier, but they are still expensive and not completely standardized to be used in daily practice

DEMOGRAPHIC VARIABLES

In my study there were total 35.9% females and 64.1%males.Incidence of AKI in females was 9.8 % whereas 9.6% in males. (P value 0.932) There was no significant impact of gender on the incidence of AKI.

Askenazi et al. studied neonates with gesatitional age >/= 34 weeks and male gender noticed as a risk factor. This is in contrast to our observation that gender did not influence the incidence of AKI[(105)]

In our study gestation was divided in three groups and results showed that the Incidence of AKI varied by gestational age group, occurring in 9 (19.1%) of 47 neonates born at 22-29 weeks, 20 (5%) of 396 neonates born at 30-36 weeks, and 37 (15.6%) of 237 neonates born at >/= 37 weeks. This shows that neonates in the middle group are also at risk for AKI, but not to the same extent as at –risk neonates of other gestation

.This can be explained that neonates in the middle group are not as critically ill as the lowest gestation and full term sick neonates.

Similar variation of the incidence of AKI by gesational age category was given by AWAKEN study,with the highest rates in the oldest (>36 weeks) and youngest (22-29 weeks) neonates.

In one prospective observational study conducted at Sardar Patel Medical College, Bikaner, incidence of AKI gestation wise was found to be 20.37% in <28 week of gestational age, 35.18% in 29–32 week and 44.44% in 32–36 week of gestation [106]

In our study Birth weight of neonate was divided into three groups and results revealed that theMaximum cases of AKI were in <1000gm neonates with 23.8% developing AKI followed by 10.2% in 1501-2500 gm group and 8.8 % in >2501 gm group and 4.8% in 1001-1500 gm group. Mean birth weight of enrolled neonates was 2142.9 +/- 735 gm.Mean gestational age of enrolled neonates was 34.44 +/- 3.418 weeks

And corresponds to a study done by Csaicsich D et al, in which an incidence of AKI was 26% among ELBW neonates [107]

In the study done by Katheryne L. Downes et al it was found that the incidence of AKI was greater in low birth weight babies [108]

In a study done at single centre in Turkey The prevalence of AKI in neonates with birth weight lower than 1500 g was about three-fold higher than in those with birth weight higher than 1500 g (P<0.05)[109]

In my study Incidence of AKI in outborn was 17.3 % as compared to 6.4% in inborn cases and it is observed that the Mode of delivery influence the incidence of AKI with 36 % of forceps delivery developing AKI followed by 16.56 % in normal delivery and 6.2% in LSCS.

ADMITTING DIAGNOSIS

Admission to the NICU is influenced by physiologic compromise and by hospital care protocols. Respiratory distress is one of the commonest problem seen in neonates during admission in Neonatal Intensive Care Unit.

In my study total number of neonates admitted due to Respiratory distress were 518 (76.2 %), Prematurity (<35 weeks) were 299 (44 %), Perinatal Asphyxia were 92 (13.5 %), Sepsis were 52 (7.6 %), SGA status were 27 (4 %) , Surgical cause were 19 (2.8 %) , Hypoglycemia were 17 (2.5 %), Congenital Heart Diseases (not requiring surgical repair) were 15 (2.2 %), Seizures were 14 (2.1 %), Hyperbilirubinemia were 12 (1.8 %), large for gestational age were 3 (0.4 %) .

In one study done by N modi et al at Christian Medical College Hospital, Vellore, Tamil Nadu, reason for admission was sepsis in 24 %, prematurity in 14 %, Hyperbilirubinemia in 13 % and LBW for observation in 8 %.[110]

In AWAKEN study the most common reasons for admission were prematurity < 35 weeks, respiratory failure and sepsis.[13]

In one descriptive cross-sectional study conducted at Kathmandu Medical College Teaching Hospital by Sunil Raja Manadhar et al 71% neonates admitted due to respiratory distress.[111]

NEONATAL MORBIDITIES

In my study Out of 614 NON AKI cases, 274 (44.6 %) required CPAP, and out of 66 AKI cases 36 (54.5 %) required CPAP (p value 0.124). There was no significant difference found between the 2 groups.

As contrary to the study done by Ayman A El-Badawy et al ,they found that Use of continuous positive airway pressure (CPAP) ventilation was significantly higher in neonates without AKI (13.6% vs 0.0%, P = 0.02). [112]

In this study Sepsis, Apnea of prematurity and Feed Intolerance were seen significantly associated with AKI.

In a study done in a single centre at turkey ,mechanical ventilation and ibuprofen therapy for patent ductus arteriosus closure were found to be associated with AKI (P<0.05).[109]

MATERNAL MORBIDITIES

Pregnancy-related complications can also affect neonatal outcomes. In particular, pre- eclampsia affects about 3–5% of pregnancies. [113] It is associated with an increased risk of pre-mature birth and LBW in infants.

In my study Maternal infections (6.3%), Pre –eclampsia (5.9%), Diabetes (5.1%), hypothyroidism (6%), chronic hypertension (1.9%), chronic kidney disease (2.2%), IUGR(2.1 %) and eclampsia (1.8%) seen to be significantly associated with neonatal AKI.

In the study done by Piccoli et all it was found that The prevalence of CKD is around 3% among women of childbearing age[114] .Data from population- based studies [115], large prospective cohort studies [114] and a meta- analysis [116]indicate that infants born to women with CKD have worse neonatal outcomes than infants of women without CKD

In contrary to the study done by Kolarkal et al. results showed that neonates born by mothers who had pre-eclampsia and/or hypertension were protected from AKI[1]

One more study done at University of Albama at brimingham showed that Maternal pre-eclampsia was a protective risk factor[105]

Worldwide, >5 million babies have been born as a result of assisted reproductive technologies (ART), including in vitro fertilization.[117] Pregnancies conceived using ART are at increased risk of adverse perinatal outcomes

In my study there is significant association of AKI cases with IVF conception.

In the article published by Olivia j carpinello et al it is mentioned that Offspring of assisted reproductive technology (ART) have been reported to have higher rates of preterm birth, abnormal fetal size, and birth defects.[118]

Also factors such as maternal polyhadrmnios, antepartum haemorrhage, multiple gestation babies are seen not to be singnificantly associated with AKI.

Contrary to the AWAKEN study findings in which maternal polyhdramnios was more frequent in AKI group.[13]

INCIDENCE OF AKI

Acute kidney injury (AKI) is a clinical condition often overlooked in the neonatal intensive care unit (NICU). In this study among the 680 neonates enrolled, the incidence of AKI was 9.7% (66/680 patients)

In one Prospective observational study conducted at Sardar Patel Medical College, Bikaner by N. Nagaraj et al, incidence of AKI was 12% in hospitalized preterm neonates[108]. In a study done at single centre in Turkey the prevalence of AKI was 8.4%[109].

The incidence of AKI in neonates enrolled in the AWAKEN study was 30 %.[13]

As found in other published studies the incidence of neonatal AKI ranges from 3% to 71%.This wide range is a reflection of heterogeneity in patient selection, frequency and type of monitoring, and the AKI definition used [119].One cross-sectional study done in Brazil , among 132 preterm newborns, prevalence of AKI found to be 7.5% .[120]

In the study done by Mohamed A Shalaby et al in a single Saudi Arabian center, level 2\3 NICU the incidence of AKI (modified neonatal KDIGO stages) was 56% (120/214 patients).[121]

In a study done in Muhimbili National Hospital at Tanzania by Naomi A Mwamanenge et al a total of 378 critically ill neonates were recruited and 31.5% had AKI[122]

OUTCOME

AKI is associated with high mortality and morbidity in neonates. It is very important to identify, as quickly as possible, all neonates who are at high risk of developing AKI. Patients do not just die with AKI, rather AKI is likely to be a crucial component in the disease process.

In this study it was found that Neonates with AKI had higher mortality than those without AKI. Adverse outcome was seen in 37.8 % AKI group as compared to 10.09 % in NON AKI. The overall mortality rate was 12.1%

(8/66) among neonates with AKI and 1.3% (8/614) among those without AKI (p< 0.001).

High adverse outcome rate in our study could also be explained because of high number of DAMA patient .Our being a tertiary care centre with a high rate of preterm deliveries requiring more intervention (surfactant therapy, mechanical ventilation and inotropes) and other associated neonatal morbidities .Outborn sections are referred with severely asphyxiated neonates and babies with sick late onset sepsis with many complications.

AWAKEN study reported mortality of 10% in neonates with AKI, which was much higher than in those without AKI (1%)[13]

In a study done by Ayman A El-Badawy et al the mortality rate among AKI group was 51.2 %.[112]The mortality rate was more than three times higher in the AKI group.

In one more study done by Rita ladeiras et al the mortality rate in the AKI group was 41.7%.[123]In one above mentioned study done in a single centre at Turkey the overall mortality rate was 23.8 %.[109]

The outcome reported in study done by Nagarja et al Out of 54 neonates with AKI, 31 (57.40%) recovered and were discharged. [108]

DURATION OF HOSPITAL STAY

In this study it was found that mean duration of hospital stay in AKI cases was longer (16 +/- 6.5 days) compared to NON AKI group (10.15 +/- 9.33 days) (p value <0.001).

In the study done by Megan J kirkley et al also showed that Neonates with AKI stayed in the hospital an average of 8.5 days longer than neonates without AKI[124]

AWAKEN Study results also revealed that duration of hospital stay was longer in AKI cases and also length of stay was longer in neonates with higher stages of AKI (stage 2 and 3) than in those with no AKI. [13]

Hamsa et al could not show any association of length of NICU stay with AKI which could be due to the significant number of LBW neonates who

needed prolonged NICU care for feeding and weight related issues rather than due to sickness. [6]

CAUSE OF AKI

The factors contributing to the development of acute kidney injury and treatment outcome among neonates are not clearly understood. Many etiological factors predispose development of AKI in neonates. Sick neonates admitted to the NICU have unique risk factors for AKI which may be attributable to immature renal physiology, maternal environment, perinatal events, and iatrogenic insults

In my study it was found that out of 66 AKI cases, most probable cause of AKI was Sepsis in 32(48.4%) cases, Perinatal Asphyxia in 15(22.8 %) cases, Hypernatremic dehydration in 12 (18.1%) cases, exposure to Nephrotoxic drugs in 7 (10.6 %) cases. Similar trend has also been shown in other studies.

Similar to my study, One single centre study done by Emad E Ghobrial et al in the Neonatal Intensive Care Unit (NICU) of Cairo University Pediatric Hospital in Egypt showed that most common cause was sepsis in (53.3%) cases and hypoxic-ischemic encephalopathy in 6.67% of neonates.[125]

As reported in a study done by Anand SK et all Sepsis contributed to the majority of AKI as well as to mortality[126]

In the study done by Vesna Stojanovic et al showed that the Apgar score in the 5th minute <5, occurrence of sepsis, intracranial hemorrhage, necrotizing enterocolitis, patent ductus arteriosus, as well as a treatment with vancomycin or dopamine were independent risk factors for the development of AKI.[127]

Risk factors like a low Apgar score, sepsis, nephrotoxic drugs, various therapeutic interventions (mechanical ventilation), dehydration, hemodynamically significant patent ductus arteriosus (PDA) can lead to AKI [128,129]

In a study done on preterm neonates with PDA to find the association with AKI,it was found that Moderate-to-large PDA was strongly associated with

all stages of AKI in preterm infants ≤ 28 weeks of gestational age. Effective NSAID treatment decreased the risk of severe but not mild AKI. (130)

NEONATAL SEPSIS

Neonatal sepsis is a cause of substantial morbidity and mortality.An immature immune system and need for invasive medical procedures (for example, prolonged intravenous access and endotra-cheal intubation) that impair barrier and clearance functions place preterm infants at increased risk of hospital- acquired infections(131)

Sepsis is a major cause of AKI in neonates, with some studies estimating that sepsis contributes to 78% of AKI cases(132) In my study incidence of AKI due to sepsis is 48.4%

In a study done by N.B. Mathur et al, at Maulana Azad Medical College and associated Lok Nayak Hospital, New Delhi ,52 out of 200 (26%) neonates with sepsis had Acute kidney injury(133)

The predisposition of septic neonates to AKI has been attributed to hypotension associated with systemic inflammation. (134) The occurrence of AKI in septic neonates with normal systemic blood pressure and renal blood flow suggests a direct effect of sepsis on the kidney, possibly through deregulation of the microcirculation(135)

Perinatal Asphyxia

Hypoxic ischemic encephalopathy (HIE) continues to be a major cause of neonatal mortality and morbidity across the globe. HIE occurs in 1–3 per 1000 live births in high income countries, and up to 20 per 1000 live births in low and middle-income countries(136)

Renal injury is the most common organ dysfunction in perinatal asphyxia occurring in 40–50% cases.(137) .In my study AKI due to perinatal asphyxia was seen in 22.8 % cases .Of the 71 patients with moderate-severe perinatal asphyxia 15(21.1%) developed AKI as compared to 3.9 % without asphyxia

In the available literature, one study done by Kaur et al. reported an AKI incidence of 41.7% in asphyxiated neonates[138]

A retrospective analysisof neonates with diagnosis of Neonatal encephalopathy from the Analysis of Worldwide Acute Kidney injury Epidemiology (AWAKEN) database in Neonates out of 113 patients with NE 41.6% (47) developed AKI.[124]

In the study conducted in the Neonatology department of JIPMER, Pondicherry, a tertiary care teaching hospital of south India by Vasanthan Tanigasalam et al, Incidence of AKI among neonates with perinatal asphyxia was 46%(55/120) .[139]

Study by Nagaraj et al shows the similar results as Birth asphyxia and septicemia the most common early and late cause of AKI[108]

In the study done by Matgorzata Baumert et al, 18.6% neonates with perinatal asphyxia suffered from AKI.[140]

Improvements in the care of newborns with perinatal asphyxia have led to a significant decrease in overall mortality.

In a term neonate with perinatal asphyxia, the insult to the brain is clinically appreciable by seeing sensorium, seizures, and tone. However, renal dysfunction and AKI can be missed if the renal parameters are not monitored. Hence, the focus is to preserve renal function in addition to cerebral protective strategies in neonates with perinatal asphyxia.

Exposure to Nephrotoxic drugs

Nephrotoxic agents deserve particular consideration in terms of their role in increasing AKI risk. Critically ill neonates, who are already at increased risk of developing AKI, often receive medications that further increase susceptibility to AKI.

In my study most probable cause of AKI in 10.6 % cases was exposure to nephrotoxic drugs.

In one prospective Quality improvement project occurred at the Children's Hospital of Alabama 48-bed level IV NICU neonates were screened for high-risk nephrotoxic medication exposure (3 nephrotoxic medication

within 24 hours or 4 calendar days of an intravenous [IV] aminoglycoside). Drugs used in NICU and listed as nephrotxic were acyclovir, amphotericin B, captopril, cefotaxime, ceftazidime, enalapril/enalaprilat, ganciclovir, gentamicin, ibuprofen, lisinopril, nafcillin, piperacillin/tazobactam, piperacillin, tobramycin, valacyclovir, valganciclovir, vancomycin.

The application of quality improvemet project led to the reduction in percentage of nephrotoxic medication induced AKI from 30.9% to 11.0% (P<.001), and reduction in AKI intensity from 9.1 to 2.9 per 100 susceptible patient-days (P < .001)[141]

Systematic surveillance of high nephrotoxic medication exposure and real-time risk assessment for AKI in the NICU can prevent neonatal and infantile AKI.

Hypernatremic Dehydration

In my study hypernatremic dehydration was the probable cause of AKI in 18.1 % cases. These were the neonates, admitted in the second or third week of life with significant weight loss and severe dehydration .These neonates were sick as they had hypovolemic shock and altered sensorium**.** It is seen in exclusively breastfed neonates, especially in extreme summers .It is a common problem encountered in the tropical regions .In or study out of all cases of hypernatremic dehydration 18.2 % developed AKI (p value 0.002)

In a study done by Mujawar et al on, the incidence of AKI due to hypernatremic dehydration was 67 %.[142]

In various studies it is proved that dehydration is one of the major causes of AKI [143,144]

In the study done by Grazyna krzemien et al found that weight loss was significantly higher in neonates with HD-associated AKI than in neonates with HD without AKI (p<0.01).[145]

STAGE OF AKI

In this study As per modified neonatal KDIGO criteria, Neonates with Stage 1 AKI were 44(66.7%),Stage 2 AKI were 12(18.2%) and Stage 3

AKI were 10(15.2%).(Stage 1> stage 2 > Stage 3). In our study, most of the patients had stage 1disease, which is in concordance with the study conducted by Askenaziet al.[105]

In contrary the study of Koralkar et al,[1]showed that the majority of patients had AKI stage 3. In this study SCr levels were determined only in neonates who were severely ill.

This is probably because in our NICU we routinely determine SCr levels of all VLBWs and ELBWs on the third day of life and then each or every other day during the first week and, in the cases where those values are elevated, until their normalization. This way, we are more likely to diagnose AKI in its early stages and to initiate appropriate treatment early in the course of the disease.

Study done by Roxana Cleper et al showed that Mild AKI episodes (Stage 1-2) occurred in 30/37 (81%) by contrast to severe events (Stage 3) in 4/7 (57%). [146]

In the AWAKEN study when classified according to stages, 14% were stage 1, 7 % were stage 2 and 9% were stage 3.[13]

In my study patients with Stage 1 AKI had better outcome with survival of 63.6 % compared to 59.1 % in stage 2-3 AKI, compared to 89.9 % survival in patients with no AKI.

ONSET OF AKI

AKI has been defined as per the day of onset as early onset AKI if onset is </= 7 days and late onset if >7 days.In my study Median day of onset of AKI was day 4 with interquartile range of (3-6) and Early onset AKI was seen in 84.8% cases while Late onset AKI was seen in 15.1 % cases.

In the study done by N.B.Mathur et al the mean duration of AKI was 5.5 days (range 1-14 days).[55]

In a study on Incidence and risk factors of early onset AKI by Jenifer R Charlton et al ,Out of 2110 neonates 449(21%) had early onset AKI [147]

One more study by Jennifer R Charlton et al revealed the incidence of late onset AKI as 9 % of enrolled neonates and prevalence being greatest in the most preterm neonates.[148]

Late onset AKI is seen more in preterm neonates because of the longer duration of hospitalization and ongoing exposures in this group.

RESOLUTION OF AKI

In my study AKI got resolved in 70.8% cases till discharge, 29.2% cases had persistence of AKI till discharge

In a study by N.B. Mathur et al AKI recovered in 22 out of 49 neonates (44%).[55]

NEED FOR RRT

Though medical management remains the mainstay in the treatment of AKI, renal replacement therapy (RRT) is indicated when conservative measures are unable to maintain electrolytes, fluid balance, toxins, or waste products within a safe margin.

In my study Renal replacement therapy was needed only in 3 % cases.

In the AWAKEN study RRT was done only in 1% of total neonates enrolled in the study.[13]This shows that RRT is used very sparingly in NICUs.

Several modalities of RRT exist for use in neonatal populations, including peritoneal dialysis, hemodialysis, and continuous RRT

In a cohort studied by Mohamed A. Shalaby et al only two (1.7%) patients received RRT, which was delivered in the form of acute peritoneal dialysis.[121]

Sizun et al reported 3 cases of PD in VLBW infants.[149]

A retrospective review of PD in newborns demonstrated the efficacy of PD in the first 60 days of life, with a mortality rate in infants < 1 year undergoing PD between 10 and 35 %. [150]

In the study done by Lokman Ustyol et al the main reasons for APD were sepsis (35.5%), postoperative cardiac surgery (16%), hypoxic ischemic encephalopathy (13%), salting of the newborn (9.7%), congenital

metabolic disorders (6.1%), congenital renal diseases (6.5%), nonimmune hydrops fetalis (6.5%), and acute kidney injury (AKI) due to severe dehydration (3.2%).[151]

The high incidence and mortality in NICU due to AKI is justification for implementation of safer RRT devices specifically for neonates.

COMPLICATIONS OF AKI

In this study Out of 66 cases of AKI, 42 (63.6 %) had metabolic Acidosis, 21 (31.8 %) had Hyperkalemia, 15 (22.7%) had Anemia, 10 (15.2 %) had Volume Overload, 9 (13.6%) had Hyponatremia, 8 (12.1%) had Pulmonary Edema , 5 (7.6 %) had GI Bleed , 1 (1.5 %) had Hypertension.

Hyperkalemia is one of the major causes of death in neonates.[152].In the study done by Yuka Fukuda et al it was proved that the most common cause of hyperkalemia in neonates is the renal dysfunction, and a combination of these two conditions was associated with decreased glomerular filtration rate.[79]

In study done by N Nagaraj et all it was found that Hyponatremia was the most common electrolyte disturbance noted with incidence of 35.18 % whereas hyperkalemia occurred in 11.43%. [108]

The neonatology team now assesses sick neonates for onset of AKI at more frequent intervals and refers to the change in Serum creatinine from baseline to stage the severity of AKI

The Strengths of our study include that it provides substantial data depicting the epidemiology of neonatal AKI in a level 3 NICU of a tertiary care hospital. In our study we have shown the differences in AKI incidence across gestational age groups and the independent association between AKI and important clinical outcomes .Our study shows that there is a need to identify and prevent in sick neonates by using neonatal KDIGO criteria of AKI.

We further acknowledge the main limitations of our study. First, this was a single-center observational study in a tertiary care hospital with NICU providing level II and III neonatal care, and thus, the present findings may

not be representative of the situation in other NICUs as patient populations and clinical practices may vary. Second, we defined AKI in terms of SCr, which may be a poor marker of AKI in neonates; therefore, the true incidence of AKI might be even higher than reported. Third, for AKI staging, we used SCr measurements obtained after the first 72 h of life in order to avoid the effect of maternal creatinine but this could lead to us missing some AKI patients. So addition of another biomarker for detection of AKI would give insight of the true incidence of AKI in neonates in early part of life. Patient with AKI were not followed up after discharge from the NICU; therefore, we cannot provide any assessment regarding the long-term consequences of neonatal AKI, although such an analysis is of interest and should be explored in future studies.

SUMMARY

This study was conducted in Department of Paediatrics, Dayanand Medical College and Hospital in level 3 NICU. Aim of the study was to find the incidence and outcomes of acute kidney injury in sick neonates admitted in DMCH neonatal ICU in a study period of 1 year from January 2019 to December 2019. AKI was defined according to the modified Kidney Disease: Improving Global Outcomes (KDIGO) criteria. AKI and NON AKI cases were compared for various variables.

DEMOGRAPHIC VARIABLES

- There were total 244 (35.9%) females and 436 males (64.1%)
- Total neonates born by Normal Vaginal Delivery were 157 (23.1 %), by Forceps 25 (3.7 %) and 498 (73.2%) were born by LSCS
- There were 202 (29.7 %) outborn neonates and 478 (70.3 %) were inborn.
- There were 47 (6.9 %) neonates of 22- 29 weeks of gestation , 396 (58.2 %) were 30- 36 weeks , and 237 (34.9 %) were >/= 37 weeks
- Total number of neonates in Appropriate for Gestational Age group were 533 (78.4 %), In Large for Gestational Age group were 18 (2.6 %), and in Small for Gestational age group were 129 (19 %).
- Number of neonates with birth weight of <1000 gm were 42 (6.2 %) , 1001-1500 gm were 123 (18.1 %) , 1501-2500 gm were 301 (44.3 %) , and 214 (31.5 %) neonates with > 2501 gm .
- Mean birth weight of enrolled neonates was 2142.9 +/- 735 gm.
- Mean gestational age of enrolled neonates was 34.44 +/- 3.418 weeks

ADMITTING DIAGNOSIS

- Total number of neonates admitted due to Respiratory distress were 518 (76.2 %) , Prematurity (<35 weeks) were 299 (44 %) , Perinatal Asphyxia were 92 (13.5 %) , Sepsis were 52 (7.6 %), SGA status were 27 (4 %) , Surgical cause were 19 (2.8 %) , Hypoglycemia were 17 (2.5 %) , Congenital Heart Disease (not requiring surgical repair)

were 15 (2.2 %) , Seizures were 14 (2.1 %) , Hyperbilirubinemia were 12 (1.8 %) , large for gestational age were 3 (0.4 %) .

INTERVENTIONS DONE DURING HOSPITAL STAY

- Neonates who required CPAP were 310 (45.6 %) , mechanical ventilator were 129 (19%) , surfactant were 120 (17.6 %) , inotropes were 99 (14.6 %) ,and Exchange transfusion were 6 (0.9 %) .

MATERNAL VARIABLES

- Total number of mothers with multiple gestation were 111 (16.3%) , IVF conception were 76 (11.2%), antepartum haemorrhage were 56 (8.2%),infections were 43 (6.3%), hypothyroidism were 41 (6%), pre-eclampsia were 40 (5.9%), diabetes were 35 (5.1%), polyhydramnios were 35 (5.1%), oligohydramnios were 28 (4.1%), chronic kidney disease were 15 (2.2%) , intrauterine growth retardation were 14 (2.1 %), chronic hypertension were 13 (1.9%) , eclampsia were 12 (1.8%).

OUTCOMES

PRIMARY OUTCOME: INCIDENCE OF AKI

- The incidence of AKI was 9.7 % (66/680).

SECONDARY OUTCOMES:

MORBIDITY AND MORTALITY

- Total number of neonates discharged were 593 (87.2 %). Number of cases with adverse outcome were 87 (12.8%) (Discharge Against Medical Advise 10.4 % and Deaths 2.3 %) .
- Out of 87 babies with adverse outcome, 25 (37.8 %) were in AKI group as compared to 62 (10.09 %) in NON AKI group (p value <0.001).

DURATION OF HOSPITAL STAY

- Mean duration of hospital stay was 10.7 +/- 10.4 days.
- Mean duration of hospital stay of NON AKI cases was 10.15 +/- 9.33 days as compared to AKI cases it was 16 +/- 16.5 days (p value <0.001)

- Mean duration of hospital stay in stage 1 AKI cases was 16.36 +/- 15.42 days , in stage 2 AKI cases was 14.08 +/- 17.05 days and in stage 3 AKI cases was 16.80 +/- 22.05 days .(p value 0.905)

ACUTE KIDNEY INJURY IN NEONATES

CAUSE OF AKI

- Out of 66 AKI cases, Most probable cause of AKI was Sepsis in 32(48.5%) cases, Perinatal Asphyxia in 15(22.8 %) cases , Hypernatremic dehydration in 12 (18.1%) cases , Nephrotoxic drugs in 7 (10.6 %) cases
- Out of total (71) patients of Moderate-Severe perinatal Asphyxia, 15 (21.1%) developed AKI as compared to 16 (3.9 %) without asphyxia.
- Out of total (42) patients of hypernatremic dehydration, 12(18.2 %) were in AKI group and 30 (4.9%) were in NON AKI group. (p value 0.002)
- Out of total (345) cases who received nephrotoxic drug, 58 (87.9%) were in AKI group and 287 (46.7%) were in the NON AKI group**.** (p value <0.001)

ONSET OF AKI

- Median day of onset of AKI was 4 with interquartile range of (3-6)
- Out of total (66) AKI cases, there were 56(84.8%) cases of early onset (</=7 days) and 10 (15.1 %) of late onset (> 7 days) AKI.

STAGE OF AKI

- As per modified neonatal KDIGO criteria, Neonates with Stage 1 AKI were 44(66.7%), Stage 2 AKI were 12 (18.2%) and Stage 3 AKI were 10 (15.2%)

(Stage 1> stage 2 > Stage 3)

- Stage 1 AKI had better outcome with survival rate of 63.6% (28/44) as compared to 59.1 % (13/22) in Stage2-3 AKI, compared to 89.9 % survival with no AKI.

RESOLUTION OF AKI

- AKI got resolved in 70.8% cases till discharge and 29.2% cases had persistence of AKI till discharge.

NEED FOR RRT

- Out of Total 66 AKI Cases, in 2 (3%) cases Renal Replacement Therapy was done.

COMPLICATIONS OF AKI

- Out of 66 cases of AKI, 42 (63.6 %) had metabolic Acidosis , 21 (31.8 %) had Hyperkalemia , 15 (22.7 %) had Anemia, 10 (15.2 %) had Volume Overload 9 (13.6 %) had Hyponatremia, 8 (12.1 %) had Pulmonary Edema, 5 (7.6 %) had GI Bleed, 1 (1.5 %) had Hypertension

COMPARISON OF DEMOGRAPHIC DETAILS BETWEEN AKI AND NON AKI CASES

- In the AKI group of cases there were total 24 (36.4%) females and 42 (63.6%)males and in NON AKI group , there were total 220 (35.8%) females and 394 (64.2%) males .(p value 0.932)
- Of the neonates born by forceps delivery 13.6% (9) were in the AKI group and 2.6%(16) were in NON AKI group .(p value <0.001)
- Among inborn babies , 31(47 %) were in the AKI group and 447 (72.8%) were in the NON AKI group .(p value <0.001)
- Among outborn babies, 35 (53%) were in the AKI group and 167(27.2%) were in the NON AKI group .(p value <0.001)
- Incidence of AKI varied by gestational age group, occurring in 9 (19.1%) of 47 neonates born at 22-29 weeks, 20 (5%) of 396 neonates born at 30-36 weeks, and 37 (15.6%) of 237 neonates born at >/= 37 weeks.
- In the gestation group of 22-29 weeks ,AKI cases were 9 (13.6 %) as compared to 38(6.2%) were NON AKI ,in the gestation group of 30-36 weeks ,AKI cases were 20(30.3%) as compared to 376(61.2%) were NON AKI and in the gestation >/=37 weeks AKI cases were

37(56.1%) as compared to 200(32.6%) were NON AKI .(p value <0.001)

- Among Appropriate for gestational age group of neonates, AKI were 51 (77.3 %) and NON AKI were 482 (78.5%). (p value 0.288)
- Incidence of AKI varied by birth weight (grams), occurring in 10 (23.8%) of 42 neonates with birth weight <1000gm, in 6 (4.8%) of 123 neonates with 1001-1500 gm, in 31 (10.2%) of 301 neonates with 1501-2500 gm weight and 19 (8.8%) of 214 neonates with birth weight >2501 gm.
- Neonates with Birth weight <1000 gm, AKI cases were 15.2% and NON AKI were 5.2%. (p value 0.004).
- Neonates with Birth weight 1000-1500 gm, AKI cases were 9.1 % and NON AKI were 19.1 %.(p value 0.046).
- Mean duration of hospital stay of NON AKI cases was 10.15 +/- 9.33 days as compared to AKI cases it was 16.02 +/- 16.5 days .(p value <0.001)

COMPARISON OF ADMITTING DIAGNOSIS BETWEEN AKI AND NON AKI CASES

- Out of total (299) neonates admitted with Prematurity , 23 (34.8%) cases were in AKI group and 276 (45 %) cases were in NON AKI group .(p value of 0.116)
- Out of total (518) neonates admitted with Respiratory Distress Syndrome, 31(47 %) were in AKI group and 487(79.3%) were in NON AKI group. (p value <0.001)
- Out of total (52) neonates admitted with Sepsis, 11(16.7 %) were in the AKI group and 41(6.7%) were in NON AKI group .(p value of 0.004)
- Out of total (92) neonates admitted with perinatal asphyxia , 25(37.9%) were in AKI group and 67(10.9%) were in NON AKI group .(p value <0.0001)

- Out of total (14) neonates admitted with Seizures, 7(10.6%) were in AKI group and 7(1.1%) were in NON AKI group .(p value <0.001)
- Out of total (17) neonates admitted with Hypoglycemia , 6(9.1%) were in AKI group and 11(1.8%) were in NON AKI group .(p value <0.001)
- Out of total (12) neonates admitted with Hyperbilirubinemia, 2(3%) were in AKI group and 10(1.6%) were in NON AKI group .(p value 0.411)
- Out of total (15) neonates admitted with Congenital Heart disease (not requiring surgical repair), 3(4.5%) were in AKI group and 12 (2 %) were in NON AKI group .(p value 0.173)
- Out of total (19) neonates admitted with Surgical cause, 2(3%) were in AKI group and 17(2.8 %) were in NON AKI group .(p value 0.902)
- Out of total (27) neonates admitted with SGA status, 3(4.5%) were in AKI group and 24 (3.9%) were in NON AKI group .(p value 0.801)
- Out of total (3) neonates admitted with LGA status, none were in AKI group and 3(0.5%) were in NON AKI group.(p value 0.569)

COMPARISON OF NEONATAL MORBIDITIES BETWEEN AKI AND NON AKI CASES

- CPAP was required in 44.6 % of NON AKI cases and 54.5 % of AKI cases.(p value 0.124)
- Surfactant was given in 15.1% of NON AKI cases and 40.9 % of AKI cases .(p value <0.001)
- Mechanical ventilator was needed in 14% of NON AKI cases as compared to 65.2 % of AKI cases.(p value <0.001)
- Mean Duration of Ventilator Support in NON AKI cases 5.71 +/- 3.84 days and In AKI cases was 5.72 +/- 3.90 days.(p value 0.987).
- Inotropes were needed in 9.3% of NON AKI cases as compared to 63.6 % of AKI cases. (p value <0.001)
- Out of the neonates with early onset sepsis, 20 % were in NON AKI group as compared to 42.4% in AKI group. (p value <0.001)

- Apnea of prematurity was seen in 8.1% of NON AKI cases and 18.2 % of AKI cases .(p value 0.007)
- Feed Intolerance was seen in 11.2 % of NON AKI cases and 27.3% of AKI cases .(p value <0.001)

COMPARISON OF MATERNAL COMORBIDITIES BETWEEN AKI AND NON AKI CASES

- Out of neonates with maternal infections ,39.4 % were in AKI group as compared to 2.8 % were in NON AKI group .(p value <0.001)
- Out of neonates with maternal Diabetes ,40.9 % were in AKI group as compared to 1.3 % were in NON AKI group .(p value <0.001)
- Out of neonates with maternal hypothyroidism ,27.3% were in AKI group as compared to 3.7% were in NON AKI group .(p value <0.001)
- Out of neonates with maternal chronic hypertension, 15.2 % were in AKI group as compared to 0.5 % were in NON AKI group . (p value <0.001)
- Out of neonates with maternal kidney disease , 9.1 % were in AKI group as compared to 1.5 % were in NON AKI group .(p value <0.001)
- Out of neonates with maternal pre-eclampsia, 28.8 % were in AKI group as compared to 3.4 % were in NON AKI group. (p value <0.001)
- Out of neonates with maternal eclampsia, 7.6 % were in AKI group as compared to 1.1% were in NON AKI group .(p value <0.001)
- Out of neonates with intrauterine growth retardation,21.2 % were in AKI group as compared to none in NON AKI group. (p value <0.001)
- Out of neonates with maternal oligohydramnios, 12.1 % were in AKI group and 3.3 % were in NON AKI group .(p value of 0.001)
- Out of neonates with maternal polyhydramnios, 7.6 % were in AKI group as compared to 4.9 % were in NON AKI group .(p value of 0.347)
- Out of neonates with maternal antepartum haemorrhage, 13.6 % were in AKI group as compared to 7.7 % were in NON AKI group. (p value of 0.093)

- Out of multiple gestation babies ,10.6% were AKI group as compared to 16.9 % were in NON AKI group (p value 0.186)
- Out of babies born of IVF conception, 19.7% were in AKI group as compared to 10.3% were in NON AKI group.(p value 0.021).

CONCLUSION

This study shows the incidence of the Acute Kidney injury in neonates admitted in level 3 NICU of Dayanand Medical College and hospital during one year study period. Primary outcome of AKI i.e. Mortality and secondary outcomes i.e. duration of hospital stay and morbidity and mortality of neonates with and without AKI were evaluated.

BASIC DEMOGRAPHIC VARIABLES

1) There were total 35.9 % females and 64.1 %males
2) Total neonates born by Normal Vaginal Delivery were 23.1 %, by Forceps 3.7 % and 73.2% by LSCS
3) There were 29.7 % outborn neonates and 70.3 % were inborn.
4) There were 6.9 % neonates of 22- 29 weeks of gestation , 58.2 % were 30- 36 weeks , 34.9 % were >/= 37 weeks
5) Total neonates in Appropriate for Gestational Age group were 78.4%. In Large for Gestational Age group were 2.6 %, and in Small for Gestational age group were 19%6) Neonates with birth weight of <1000 gm were 6.2 % , 1001-1500 gm 18.1 % , 1501-2500 gm were 44.3 % , >2501 gm were 31.5 % .
6) Mean birth weight of enrolled neonates was 2142.9 +/- 735 gm.
7) Mean gestational age of enrolled neonates was 34.44 +/- 3.418 weeks

ADMITTING DIAGNOSIS

8) Respiratory distress was the reason for admission in (76.2%) cases followed by prematurity (<35 weeks) (44%), Perinatal asphyxia (13.5%) ,and Sepsis(7.6%), SGA status (4%), Surgical cause(2.8%), hypoglycemia (2.5%), Congenital heart disease (not requiring surgical repair) (2.2%), seizures(2.1%) .Out of these sepsis, Seizures, and Hypoglycemia was seen significantly associated with AKI .Interestingly it is seen respiratory distress had a positive influence on incidence of AKI .

INTERVENTIONS DONE DURING HOSPITAL STAY

9) Neonates required CPAP (45.6%), mechanical ventilator(19%), surfactant (17.6%) and inotropes(14.6%) during the hospital stay. Out of these use of mechanical ventilator, surfactant and inotropes was seen significantly associated with AKI cases.

NEONATAL MORBIDITIES

10) Sepsis, Apnea of prematurity and Feed Intolerance were seen significantly associated with AKI.

MATERNAL COMORBIDITIES

11) Maternal infections(6.3%), Pre –eclampsia (5.9%) Diabetes (5.1%), hypothyroidism (6%), chronic hypertension (1.9%), kidney disease (2.2%), IUGR (2.1 %) and eclampsia (1.8%) seen to be significantly associated with neonatal AKI.

12) There is significant association of AKI cases with IVF conception

COMPARISON OF DEMOGRAPHIC DETAILS BETWEEN AKI AND NON AKI CASES

13) Gender did not have any influence on AKI

14) Mode of delivery influence the incidence of AKI with 36 % of forceps delivery developing AKI followed by 16.56 % in normal delivery and 6.2% in LSCS.

15) Incidence of AKI in outborn was 17.3 % as compared to 6.4% in inborn cases.

16) Maximum cases of AKI seen in 22-29 weeks gestation were 19.2 % followed by 15.6% in >/=37 weeks gestation and only 5% in 30-36 weeks gestation.

17) Maximum cases of AKI were in <1000gm neonates with 23.8% developing AKI followed by 10.2% in 1501-2500 gm group and 8.8 % in >2501 gm group.

AKI OUTCOM ES

18) The Incidence of AKI was in 9.7 % in neonates.

19) Adverse outcome was seen in 37.8 % AKI group as compared to 10.09 % in NON AKI 10.09% group.

20) Mean duration of hospital stay in AKI cases was longer (16 +/- 6.5 days) compared to NON AKI group (10.15 +/- 9.33 days).

CAUSE OF AKI

21) Out of 66 AKI cases, Most common cause of AKI was Sepsis (48.4%) followed by Perinatal Asphyxia (22.8%), Hypernatremic dehydration (18.1%) and exposure to Nephrotoxic drugs (10.6%) .

ONSET OF AKI

22) Early onset AKI (</= 7 days) was seen in 84.8% cases while Late onset AKI (>7 days) was seen in 15.1 % cases. Median day of onset of AKI was day 4of life.

STAGE OF AKI

23) As per modified neonatal KDIGO criteria, maximum cases had stage 1 AKI (66.7%), followed by stage 2(18.2%) and stage 3 AKI (15.2%).

RESOLUTION OF AKI

24) AKI got resolved in 43.9% of cases till discharge, 56.1 % cases had persistence of AKI till discharge.

NEED FOR RRT

25) Renal replacement therapy was needed only in 3 % cases

COMPLICATIONS OF AKI

26) Complications seen were metabolic acidosis(63.6%),Hyperkalemia (31.8%), Anemia(22.7%), Volume overload(15.2%), and hyponatremia (13.6%).

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S.No.	Name	MRD No.	DOB	DOA	DOD	Duration of hospital stay (days)	Gender	Gestation (weeks)	Mode of delivery	Site of delivery	Growth status	Birth Weight in Grms	Birth weight (grams)_< 1000	1001-1500	1501-2500	>2501	Apgar score (for inborn)_ 1 min	Apgar score (for inborn)_ 5min	Prematurity <35 weeks	Respiratory Distress	Sepsis	Perinatal Asphyxia	Seizures	Hypoglycemia	Hyperbilirubinaemia	Congenital Heart disease	Necrotising Enterocolitis	Surgical Cause	Small for gestational age	Large for gestational age
1	B/O G	646602	1/1/2019	1/1/2019	1/7/2019	7	M	35+3	L	I	A	2425	N	N	Y	N	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
2	B/O A	646644	1/1/2019	1/1/2019	1/7/2019	7	F	33+2	L	I	L	2820	N	N	N	Y	8	9	Y	Y	N	N	N	N	N	N	N	N	N	Y
3	B/O K1	646798	1/2/2019	1/2/2019	1/7/2019	6	M	35+5	L	I	A	2500	N	N	Y	N	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
4	B/O K2	646800	1/2/2019	1/2/2019	1/7/2019	6	M	35+5	L	I	S	1955	N	N	Y	N	8	9	N	Y	N	N	N	N	N	N	N	N	Y	N
5	B/O A	647814	1/3/2019	1/3/2019	1/22/2019	19	F	30+4	L	I	A	1580	N	N	Y	N	7	9	Y	Y	N	N	N	N	N	N	N	N	N	N
6	B/O K	647574	1/3/2019	1/3/2019	1/9/2019	7	M	37	L	I	A	3350	N	N	N	Y	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
7	B/O R	648183	1/4/2019	1/4/2019	1/10/2019	7	M	34	L	I	A	2660	N	N	N	Y	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
8	B/O K	649117	12/17/2018	1/6/2019	1/10/2019	5	M	30+6	N	I	A	1570	N	N	Y	N	5	7	N	Y	Y	N	N	N	N	N	N	N	N	N
9	B/O P	649820	1/7/2019	1/7/2019	1/15/2019	9	M	33+4	L	I	S	1280	N	Y	N	N	7	9	Y	Y	N	N	N	N	N	N	N	N	Y	N
10	B/O G	649868	12/21/2018	1/7/2019	1/16/2019	10	M	36+2	N	O	S	1800	N	N	Y	N	-	-	N	N	Y	N	N	Y	N	N	N	N	Y	N
11	B/O B	650553	1/8/2019	1/8/2019	1/12/2019	5	F	37	L	I	A	2810	N	N	N	Y	7	9	N	Y	N	N	N	N	N	N	N	N	N	N
12	B/O M	650744	1/9/2019	1/9/2019	1/12/2019	4	M	30+6	L	I	A	1255	N	Y	N	N	5	9	Y	Y	N	N	N	N	N	N	N	N	N	N
13	B/O G	651103	1/8/2019	1/9/2019	1/19/2019	11	F	39+4	N	O	A	3800	N	N	N	Y	-	-	N	N	N	Y	N	N	N	N	N	N	N	N
14	B/O S	651664	1/10/2019	1/10/2019	1/24/2019	14	M	31+2	L	I	A	1500	N	Y	N	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
15	B/O P	651851	1/11/2019	1/11/2019	1/16/2019	6	M	36+6	L	I	A	3130	N	N	N	Y	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
16	B/O S1	652132	1/11/2019	1/11/2019	1/19/2019	9	F	35+1	L	I	A	2165	N	N	Y	N	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
17	B/O S2	652141	1/11/2019	1/11/2019	1/18/2019	8	M	35+1	L	I	A	2160	N	N	Y	N	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
18	B/O K	652877	1/12/2019	1/12/2019	1/28/2019	16	M	34	L	I	A	2040	N	N	Y	N	7	8	N	Y	N	N	N	N	N	N	N	N	N	N
19	B/O R	652915	1/12/2019	1/12/2019	2/4/2019	24	F	34	L	O	S	2000	N	N	Y	N	-	-	Y	N	N	Y	N	N	N	N	N	N	N	N
20	B/O U	652940	1/12/2019	1/12/2019	1/23/2019	12	F	39	L	O	A	3000	N	N	N	Y	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
21	B/O N	653033	1/13/2019	1/13/2019	1/19/2019	7	M	35+4	N	I	S	1960	N	N	Y	N	5	7	N	N	N	Y	N	N	N	N	N	N	Y	N
22	B/O R	654318	1/16/2019	1/16/2019	1/23/2019	8	M	37+6	N	O	A	3000	N	N	N	Y	-	-	N	N	N	Y	N	N	N	N	N	N	N	N
23	B/O S	654739	1/16/2019	1/16/2019	1/22/2019	7	M	32+5	N	I	A	1920	N	N	Y	N	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
24	B/O G	654920	1/16/2019	1/16/2019	1/21/2019	6	M	39+4	L	I	A	2880	N	N	N	Y	5	9	N	N	N	Y	N	N	N	N	N	N	N	N
25	B/O H	655724	1/18/2019	1/18/2019	1/28/2019	11	F	33+6	L	I	S	1320	N	Y	N	N	8	9	Y	N	N	N	N	N	N	N	N	N	Y	N
26	B/O S	656390	1/19/2019	1/19/2019	2/5/2019	18	F	29+2	L	I	A	1080	N	Y	N	N	6	8	Y	Y	N	N	N	N	N	N	N	N	N	N
27	B/O K	656589	1/19/2019	1/19/2019	1/24/2019	6	M	34+6	L	I	A	2440	N	N	Y	N	7	9	N	Y	N	N	N	N	N	N	N	N	N	N
28	B/O R	656576	1/18/2019	1/19/2019	1/25/2019	7	M	35+3	N	O	S	1400	N	Y	N	N	-	-	N	Y	N	N	N	N	N	N	N	N	Y	N
29	B/O R	656792	1/20/2019	1/20/2019	2/24/2019	32	F	28+5	L	I	A	1000	Y	N	N	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
30	B/O R	656821	1/20/2019	1/20/2019	1/31/2019	11	M	32+2	L	I	L	2300	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
31	B/O R	654325	1/13/2019	1/16/2019	1/22/2019	7	M	40	N	O	A	3000	N	N	N	Y	-	-	N	N	N	N	Y	Y	N	N	N	N	N	N
32	B/O H	657746	1/22/2019	1/22/2019	1/28/2019	7	F	32+5	L	I	A	2120	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
33	B/O N	658056	1/22/2019	1/22/2019	1/29/2019	8	M	35+2	N	I	A	3000	N	N	N	Y	8	9	Y	N	N	N	N	N	N	N	N	N	N	N
34	B/O R	658329	1/23/2019	1/23/2019	1/28/2019	6	M	36+3	L	I	A	2965	N	N	N	Y	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
35	B/O R	656563	1/19/2019	1/19/2019	1/28/2019	10	M	37+4	L	I	A	2615	N	N	N	Y	8	9	N	N	Y	N	N	N	N	N	N	N	N	N
36	A	658666	1/21/2019	1/23/2019	1/30/2019	7	M	40+2	N	O	A	3500	N	N	N	Y	-	-	N	N	Y	N	N	N	N	N	N	N	N	N
37	B/O M	659800	1/25/2019	1/25/2019	1/30/2019	5	M	38+4	L	I	A	3220	N	N	N	Y	8	9	N	N	N	N	N	N	N	Y	N	N	N	N
38	B/O H	659911	1/25/2019	1/25/2019	2/1/2019	8	M	38	L	O	A	2700	N	N	N	Y	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
39	P	660063	12/31/2018	1/26/2019	2/3/2019	8	F	36+3	N	O	A	2800	N	N	N	Y	-	-	N	N	Y	N	N	N	N	N	N	N	N	N
40	B/O R	659954	1/25/2019	1/25/2019	3/12/2019	48	M	42	L	O	L	4500	N	N	N	Y	-	-	N	Y	Y	N	N	N	N	N	N	N	N	N
41	B/O J	660308	1/26/2019	1/27/2019	2/2/2019	7	M	35	L	O	A	2800	N	N	N	Y	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
42	B/O H	660756	1/28/2019	1/28/2019	2/7/2019	11	F	34+1	L	I	A	2440	N	N	Y	N	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
43	B/O P	661111	1/28/2019	1/28/2019	2/2/2019	6	M	37+6	L	I	A	3500	N	N	N	Y	6	10	N	Y	N	N	N	N	N	N	N	N	N	N
44	B/O D	661783	1/28/2019	1/29/2019	2/1/2019	4	M	39+5	L	O	A	3900	N	N	N	Y	-	-	N	N	N	N	Y	N	N	N	N	N	N	N
45	B/O S	662481	1/30/2019	1/30/2019	2/4/2019	6	F	39+1	N	O	A	2500	N	N	N	Y	-	-	N	Y	N	Y	N	N	N	N	N	N	N	N
46	B/O A	662936	1/31/2019	1/31/2019	2/7/2019	8	M	37+4	L	I	A	2950	N	N	N	Y	5	8	N	N	N	Y	N	N	N	N	N	N	N	N
47	B/O R	663163	1/31/2019	1/31/2019	2/7/2019	8	F	35	L	O	S	1800	N	N	Y	N	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
48	B/O K	661045	1/28/2019	1/28/2019	2/7/2019	11	F	37+4	L	I	A	2400	N	N	Y	N	7	9	N	Y	N	N	N	N	N	N	N	N	N	N
49	B/O P	663775	2/1/2019	2/1/2019	2/6/2019	6	M	31+5	L	I	A	1420	N	Y	N	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
50	B/O P	664376	2/2/2019	2/2/2019	2/12/2019	10	F	35+5	L	I	A	1600	N	N	Y	N	5	7	N	N	N	Y	N	N	N	N	N	N	N	N
51	B/O K	664398	2/3/2019	2/3/2019	2/26/2019	23	M	31+2	L	I	S	1240	N	Y	N	N	8	9	Y	Y	N	N	N	N	N	N	N	N	Y	N
52	B/O R	664510	1/24/2019	2/3/2019	2/10/2019	8	M	39	N	O	A	2700	N	N	N	Y	-	-	N	N	Y	N	N	N	N	N	N	N	N	N
53	B/O U1	664552	2/4/2019	2/4/2019	2/7/2019	4	M	33+6	N	I	A	1660	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
54	B/O U2	664553	2/4/2019	2/4/2019	2/7/2019	4	F	33+6	N	I	A	2080	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
55	B/O S1	664387	2/4/2019	2/4/2019	2/9/2019	6	F	37+2	L	I	A	2720	N	N	N	Y	7	9	N	Y	N	N	N	N	N	N	N	N	N	N
56	B/O S2	664995	2/4/2019	2/4/2019	2/9/2019	6	M	37+2	L	I	A	2600	N	N	N	Y	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
57	B/O R	665330	2/4/2019	2/4/2019	2/23/2019	19	F	35+1	L	I	A	2600	N	N	N	Y	7	9	N	Y	N	N	N	N	N	N	N	N	N	N
58	B/O R	666296	2/6/2019	2/6/2019	2/12/2019	7	M	34+3	L	I	S	1480	N	Y	N	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
59	B/O S	666772	2/6/2019	2/6/2019	2/23/2019	18	F	33	L	I	S	1180	N	Y	N	N	5	8	Y	N	N	Y	N	N	N	N	N	N	N	N
60	B/O T	666650	2/6/2019	2/6/2019	2/11/2019	6	M	36	L	I	A	2500	N	N	Y	N	5	8	N	N	N	Y	N	N	N	N	N	N	N	N
61	S	667193	1/31/2019	2/7/2019	2/18/2019	11	M	36	N	O	S	2000	N	N	Y	N	-	-	N	N	Y	N	N	N	N	N	N	Y	N	N
62	B/O P	667255	2/7/2019	2/7/2019	2/13/2019	7	F	30+5	N	O	L	2000	N	N	Y	N	-	-	Y	Y	N	N	N	N	N	N	N	N	N	N
63	B/O M	667373	2/7/2019	2/7/2019	2/13/2019	7	F	36	L	I	A	2500	N	N	Y	N	7	9	N	N	N	Y	N	N	N	N	N	N	N	N
64	B/O J	667619	2/8/2019	2/8/2019	2/20/2019	12	M	34+4	L	I	A	2460	N	N	Y	N	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
65	B/O M	668008	2/4/2019	2/9/2019	2/11/2019	3	M	40+4	L	O	S	2500	N	N	Y	N	-	-	N	N	N	N	Y	Y	N	N	N	N	Y	N
66	B/O J 1	668148	2/9/2019	2/9/2019	2/13/2019	5	M	37+2	L	I	S	2120	N	N	Y	N	8	9	N	Y	N	N	N	N	N	N	N	N	Y	N
67	B/O J 2	668174	2/9/2019	2/9/2019	2/13/2019	5	M	37+2	L	I	S	1880	N	N	Y	N	8	9	N	Y	N	N	N	N	N	N	N	N	Y	N
68	B/O R	668768	2/10/2019	2/10/2019	2/12/2019	3	M	39+5	N	O	A	2660	N	N	N	Y	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
69	B/O R	669104	2/11/2019	2/11/2019	3/4/2019	21	M	27+2	L	I	A	955	Y	N	N	N	6	8	Y	Y	N	Y	N	N	N	N	N	N	N	N

S.No.	Name	MRD No.	Congenital renal anomaly	Birth asphyxia requiring bag and mask ventilaton	Need for ventilation (Days)	Duration of ventilatory support()	RDS	Need for surfactant	Apnea of prematuriy	Feed Intolerance	Need for inotropes	Need for CPAP	NEC	Need for phototherapy	Need For exchange transfusion	Abnormal ROP screening	Sepsis	Use of Nephrotoxic Drugs	Antibiotic drug used (in days)_C	A	P	N	M	V	Others	Antibitoic used	Need for ventilation_AT AKI	Duration of ventilatory upport ()_AT AKI	RDS_AT AKI	Feed Intolerance_AT AKI	Need for inotropes_AT AKI	Number of inotropes used_AT AKI	Need for CPAP_AT AKI	NEC_AT AKI
1	B/O G	646602	N	N	N	-	Y	N	N	N	N	Y	N	Y	N	N	E	Y	-	5	-	-	-	-	-	1	-	-	-	-	-	-	-	-
2	B/O A	646644	N	N	N	-	Y	Y	N	N	N	Y	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
3	B/O K1	646798	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	Y	-	3	-	-	-	-	-	1	-	-	-	-	-	-	-	-
4	B/O K2	646800	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	N	Y	-	3	-	-	-	-	-	1	-	-	-	-	-	-	-	-
5	B/O A	647814	N	N	Y	5	Y	N	N	N	Y	Y	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	Y	5	Y	N	Y	3	Y	N
6	B/O K	647574	N	N	N	-	Y	N	N	N	N	Y	N	Y	N	N	E	Y	-	5	-	-	-	-	-	1	-	-	-	-	-	-	-	-
7	B/O R	648183	N	N	N	-	Y	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8	B/O K	649117	N	N	N	-	Y	N	N	N	N	Y	N	N	N	Y	L	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9	B/O P	649820	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
10	B/O G	649868	N	N	N	-	N	N	N	N	N	N	N	N	N	N	L	Y	-	-	10	-	-	-	10	2	-	-	-	-	-	-	-	-
11	B/O B	650553	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
12	B/O M	650744	N	N	Y	6	Y	Y	N	N	Y	Y	N	Y	N	N	E	Y	-	3	3	1	-	-	-	1	-	-	-	-	-	-	-	-
13	B/O G	651103	N	Y	Y	4	N	N	N	N	Y	Y	N	N	N	N	E	Y	-	10	-	-	-	-	-	2	Y	4	N	N	Y	2	Y	N
14	B/O S	651664	N	N	N	-	Y	N	N	N	N	Y	N	Y	N	N	N	Y	-	5	-	-	-	-	-	1	-	-	-	-	-	-	-	-
15	B/O P	651851	N	N	N	-	N	N	N	N	N	Y	N	N	N	N	E	Y	5	5	-	-	-	-	-	1	-	-	-	-	-	-	-	-
16	B/O S1	652132	N	N	N	-	Y	N	N	N	N	Y	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
17	B/O S2	652141	N	N	N	-	Y	N	N	N	N	Y	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
18	B/O K	652877	N	N	N	-	Y	Y	N	N	Y	Y	N	Y	N	N	E	Y	10	10	-	-	-	-	-	2	-	-	-	-	-	-	-	-
19	B/O R	652915	N	Y	Y	4	N	N	N	N	Y	Y	N	Y	N	N	N	Y	5	5	-	-	-	-	-	1	-	-	-	-	-	-	-	-
20	B/O U	652940	N	N	Y	4	N	N	N	N	Y	Y	N	N	N	N	N	Y	7	7	-	-	-	-	-	2	-	-	-	-	-	-	-	-
21	B/O N	653033	N	Y	N	-	N	N	N	N	N	Y	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
22	B/O R	654318	N	Y	N	-	N	N	N	Y	N	Y	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
23	B/O S	654739	N	N	N	-	Y	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
24	B/O G	654920	N	Y	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
25	B/O H	655724	N	N	N	-	N	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
26	B/O S	656390	N	N	Y	11	N	N	N	N	Y	Y	N	N	N	N	N	Y	7	7	-	-	7	7	7	2	-	-	-	-	-	-	-	-
27	B/O K	656589	N	N	N	-	Y	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
28	B/O R	656576	N	N	Y	5	N	N	N	N	Y	Y	Y	N	N	N	E	Y	-	-	5	5	-	5	-	1	-	-	-	-	-	-	-	-
29	B/O R	656792	N	N	N	-	Y	N	N	N	N	Y	N	N	N	N	E	Y	-	-	10	-	-	-	10	2	-	-	-	-	-	-	-	-
30	B/O R	656821	N	N	N	-	Y	N	N	N	N	Y	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
31	B/O R	654325	N	N	N	-	N	N	N	N	N	N	N	N	N	N	E	Y	5	5	-	-	-	-	-	1	N	-	N	N	N	-	N	N
32	B/O H	657746	N	N	N	-	Y	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
33	B/O N	658056	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
34	B/O R	658329	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
35	B/O R	656563	N	N	N	-	N	N	N	N	N	N	N	Y	N	N	E	Y	5	5	-	-	-	-	-	1	N	-	N	N	N	-	N	N
36	A	658666	N	N	N	-	N	N	N	N	N	N	N	N	N	N	E	Y	7	7	-	-	-	-	-	2	-	-	-	-	-	-	-	-
37	B/O M	659800	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
38	B/O H	659911	N	N	N	-	Y	N	N	N	N	Y	N	N	N	N	N	Y	7	7	-	-	-	-	-	2	-	-	-	-	-	-	-	-
39	P	660063	N	N	N	-	N	N	N	N	N	N	N	N	N	N	L	N	-	-	-	-	-	-	-	-	N	-	N	N	N	-	N	Y
40	B/O R	659954	N	Y	Y	10	N	N	N	N	Y	Y	N	N	N	N	E	Y	10	-	-	-	10	10	10	2	-	-	-	-	-	-	-	-
41	B/O J	660308	N	N	N	-	Y	N	N	N	N	Y	N	N	N	N	N	Y	7	7	-	-	-	-	-	2	-	-	-	-	-	-	-	-
42	B/O H	660756	N	N	N	-	Y	N	N	N	N	Y	N	N	N	N	E	Y	10	10	-	-	-	-	-	2	-	-	-	-	-	-	-	-
43	B/O P	661111	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
44	B/O D	661783	N	N	N	-	N	N	N	N	N	N	N	Y	N	N	N	Y	4	4	-	-	-	-	-	1	-	-	-	-	-	-	-	-
45	B/O S	662481	N	Y	N	-	Y	N	N	N	N	Y	N	Y	N	N	E	Y	5	5	-	-	-	-	-	1	-	-	-	-	-	-	-	-
46	B/O A	662936	N	Y	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
47	B/O R	663163	N	N	N	-	Y	N	N	N	N	Y	N	N	N	N	N	Y	7	7	-	-	-	-	-	2	-	-	-	-	-	-	-	-
48	B/O K	661045	N	Y	N	-	Y	N	N	N	N	N	N	N	N	N	N	Y	5	5	-	-	-	-	-	1	N	-	Y	N	N	-	N	N
49	B/O P	663775	N	N	N	-	Y	N	N	N	N	Y	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
50	B/O P	664376	N	Y	Y	3	N	N	N	Y	N	Y	N	N	N	N	N	Y	5	5	-	-	-	-	-	1	Y	3	N	Y	N	2	Y	N
51	B/O K	664398	N	N	N	-	Y	N	N	Y	N	Y	N	N	N	N	N	Y	5	5	5	-	-	-	5	1	-	-	-	-	-	-	-	-
52	B/O R	664510	N	N	N	-	N	N	N	N	N	N	N	N	N	N	L	Y	-	-	7	7	-	-	-	1	N	-	N	N	N	-	N	N
53	B/O U1	664552	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
54	B/O U2	664553	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
55	B/O S1	664387	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
56	B/O S2	664995	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
57	B/O R	665330	N	Y	Y	8	N	Y	N	N	Y	Y	N	N	N	N	N	Y	7	7	-	-	-	-	-	2	-	-	-	-	-	-	-	-
58	B/O R	666296	N	N	N	-	Y	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
59	B/O S	666772	N	Y	N	-	Y	N	N	Y	N	Y	N	N	N	N	L	Y	10	10	10	10	-	-	-	2	-	-	-	-	-	-	-	-
60	B/O T	666650	N	Y	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
61	S	667193	N	N	Y	6	N	N	N	Y	N	Y	N	N	N	N	L	Y	-	-	-	-	10	10	-	2	-	-	-	-	-	-	-	-
62	B/O P	667255	N	N	N	-	Y	N	N	N	N	Y	N	Y	N	N	E	Y	7	7	-	-	-	-	-	2	-	-	-	-	-	-	-	-
63	B/O M	667373	N	Y	Y	5	Y	N	N	N	Y	Y	N	N	N	N	E	Y	7	7	-	-	-	-	-	2	-	-	-	-	-	-	-	-
64	B/O J	667619	N	N	N	-	Y	N	N	Y	N	Y	N	N	N	N	E	Y	-	-	5	5	5	5	5	1	-	-	-	-	-	-	-	-
65	B/O M	668008	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
66	B/O J 1	668148	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
67	B/O J 2	668174	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
68	B/O R	668768	N	N	Y	3	N	N	N	N	N	N	N	N	N	N	N	Y	3	3	-	-	-	-	-	1	Y	3	N	N	N	-	N	N
69	B/O R	669104	N	Y	Y	18	N	Y	N	N	Y	Y	N	N	N	N	E	Y	3	3	7	5	5	-	-	1	Y	18	N	N	Y	2	Y	N

S.No.	Name	MRD No.	Sepsis screen_AT AKI	Metabolic Acidosis_AT AKI	PDA_AT AKI	MATERNAL VARIABLES_Age (years)	Infections	Diabetes	Hypothyroidism	Chronic hypertension	Kidney disease	Pre-eclampsia	Eclampsia	Intrauterine growth retardation	Oligohydramnios	Polyhydramnios	Haemorrhage	Multiple gestation	Assisted Conception	Antepartum complication	STAGE OF KIDNEY INJURY	AKI COMPLICATIONS_Hyperkalemia (>5.5 meq/l)	Acidosis	Pulmonary Edema	Volume Overload	Hyponatremia(<130meq/l)	Anemia
1	B/O G	646602	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
2	B/O A	646644	-	-	-	-	N	Y	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
3	B/O K1	646798	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	-	-	-	-	-	-	-
4	B/O K2	646800	-	-	-	-	N	N	N	N	N	Y	N	N	N	N	N	Y	Y	N	-	-	-	-	-	-	-
5	B/O A	647814	N	N	N	27	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	1	Y	N	N	N	N	N
6	B/O K	647574	-	-	-	-	N	N	N	N	N	N	N	N	N	N	Y	N	N	N	-	-	-	-	-	-	-
7	B/O R	648183	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
8	B/O K	649117	-	-	-	-	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
9	B/O P	649820	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
10	B/O G	649868	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
11	B/O B	650553	-	-	-	-	N	N	N	N	N	N	N	N	N	N	Y	N	N	N	-	-	-	-	-	-	-
12	B/O M	650744	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
13	B/O G	651103	N	N	N	28	N	N	N	N	N	N	N	N	N	N	N	N	N	N	1	N	N	N	N	N	N
14	B/O S	651664	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
15	B/O P	651851	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
16	B/O S1	652132	-	-	-	-	N	N	N	N	N	N	N	N	N	N	Y	Y	Y	N	-	-	-	-	-	-	-
17	B/O S2	652141	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	-	-	-	-	-	-	-
18	B/O K	652877	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
19	B/O R	652915	-	-	-	-	N	N	N	N	N	N	Y	N	N	N	N	N	N	N	-	-	-	-	-	-	-
20	B/O U	652940	-	-	-	-	N	N	N	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-
21	B/O N	653033	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
22	B/O R	654318	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
23	B/O S	654739	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
24	B/O G	654920	-	-	-	-	N	N	N	N	N	N	N	N	N	N	Y	N	N	N	-	-	-	-	-	-	-
25	B/O H	655724	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
26	B/O S	656390	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
27	B/O K	656589	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
28	B/O R	656576	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
29	B/O R	656792	-	-	-	-	N	N	N	N	N	N	N	N	N	N	Y	N	N	N	-	-	-	-	-	-	-
30	B/O R	656821	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
31	B/O R	654325	N	N	N	25	N	N	N	N	N	N	N	N	N	N	N	N	N	N	1	N	N	N	N	N	N
32	B/O H	657746	-	-	-	-	N	N	N	N	N	N	N	N	N	N	Y	N	N	N	-	-	-	-	-	-	-
33	B/O N	658056	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
34	B/O R	658329	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
35	B/O R	656563	N	Y	N	24	N	N	N	N	N	N	N	N	N	N	N	N	N	N	1	Y	N	N	N	N	N
36	A	658666	-	-	-	-	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
37	B/O M	659800	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
38	B/O H	659911	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
39	P	660063	N	N	N	28	N	N	N	N	N	N	N	N	N	N	N	N	N	N	3	N	N	N	N	N	N
40	B/O R	659954	-	-	-	-	Y	Y	N	Y	N	N	N	N	N	N	Y	N	N	N	-	-	-	-	-	-	-
41	B/O J	660308	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
42	B/O H	660756	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
43	B/O P	661111	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
44	B/O D	661783	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
45	B/O S	662481	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
46	B/O A	662936	-	-	-	-	N	N	N	N	N	N	N	N	N	N	Y	N	N	N	-	-	-	-	-	-	-
47	B/O R	663163	-	-	-	-	N	N	N	N	N	Y	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
48	B/O K	661045	N	N	N	26	N	N	N	N	N	N	N	N	N	N	N	N	N	N	2	N	N	N	N	N	N
49	B/O P	663775	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
50	B/O P	664376	N	N	N	26	N	N	N	N	N	N	Y	N	N	N	N	N	N	N	1	N	N	N	N	N	N
51	B/O K	664398	-	-	-	-	N	N	N	N	N	N	N	N	Y	N	Y	N	N	N	-	-	-	-	-	-	-
52	B/O R	664510	Y	N	N	24	N	N	N	N	N	N	N	N	N	N	N	N	N	N	3	N	N	N	N	N	N
53	B/O U1	664552	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	N	N	-	-	-	-	-	-	-
54	B/O U2	664553	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	N	N	-	-	-	-	-	-	-
55	B/O S1	664387	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	-	-	-	-	-	-	-
56	B/O S2	664995	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	-	-	-	-	-	-	-
57	B/O R	665330	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
58	B/O R	666296	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
59	B/O S	666772	-	-	-	-	N	N	N	N	N	N	N	N	N	N	Y	N	N	N	-	-	-	-	-	-	-
60	B/O T	666650	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
61	S	667193	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
62	B/O P	667255	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
63	B/O M	667373	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
64	B/O J	667619	-	-	-	-	N	N	N	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-
65	B/O M	668008	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
66	B/O J 1	668148	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	N	N	-	-	-	-	-	-	-
67	B/O J 2	668174	-	-	-	-	N	N	N	N	N	Y	N	N	N	N	N	Y	N	N	-	-	-	-	-	-	-
68	B/O R	668768	N	N	N	29	N	N	N	N	N	N	N	N	N	N	N	N	N	N	1	N	N	N	N	N	N
69	B/O R	669104	Y	Y	N	30	N	N	N	N	N	N	Y	Y	Y	N	N	N	N	N	2	Y	Y	N	Y	Y	Y

S.No.	Name	MRD No.	Hypertension	GI bleed	Day of Onset of AKI	Probable Cause of AKI_Sepsis	Dehydration	Shock	Nephrotoxic drugs	others	Need of Renal Replacement Therapy	Outcome	AKI RESOLVED	AKI
1	B/O G	646602	-	-	-	-	-	-	-	-	-	D	-	N
2	B/O A	646644	-	-	-	-	-	-	-	-	-	D	-	N
3	B/O K1	646798	-	-	-	-	-	-	-	-	-	D	-	N
4	B/O K2	646800	-	-	-	-	-	-	-	-	-	D	-	N
5	B/O A	647814	N	N	3	N	Y	Y	N	N	N	D	Y	Y
6	B/O K	647574	-	-	-	-	-	-	-	-	-	D	-	N
7	B/O R	648183	-	-	-	-	-	-	-	-	-	D	-	N
8	B/O K	649117	-	-	-	-	-	-	-	-	-	DOR	-	N
9	B/O P	649820	-	-	-	-	-	-	-	-	-	D	-	N
10	B/O G	649868	-	-	-	-	-	-	-	-	-	D	-	N
11	B/O B	650553	-	-	-	-	-	-	-	-	-	D	-	N
12	B/O M	650744	-	-	-	-	-	-	-	-	-	DAMA	-	N
13	B/O G	651103	N	N	3	N	N	Y	N	N	N	D	Y	Y
14	B/O S	651664	-	-	-	-	-	-	-	-	-	D	-	N
15	B/O P	651851	-	-	-	-	-	-	-	-	-	D	-	N
16	B/O S1	652132	-	-	-	-	-	-	-	-	-	DOR	-	N
17	B/O S2	652141	-	-	-	-	-	-	-	-	-	DOR	-	N
18	B/O K	652877	-	-	-	-	-	-	-	-	-	D	-	N
19	B/O R	652915	-	-	-	-	-	-	-	-	-	D	-	N
20	B/O U	652940	-	-	-	-	-	-	-	-	-	D	-	N
21	B/O N	653033	-	-	-	-	-	-	-	-	-	DOR	-	N
22	B/O R	654318	-	-	-	-	-	-	-	-	-	D	-	N
23	B/O S	654739	-	-	-	-	-	-	-	-	-	D	-	N
24	B/O G	654920	-	-	-	-	-	-	-	-	-	D	-	N
25	B/O H	655724	-	-	-	-	-	-	-	-	-	D	-	N
26	B/O S	656390	-	-	-	-	-	-	-	-	-	D	-	N
27	B/O K	656589	-	-	-	-	-	-	-	-	-	D	-	N
28	B/O R	656576	-	-	-	-	-	-	-	-	-	DAMA	-	N
29	B/O R	656792	-	-	-	-	-	-	-	-	-	D	-	N
30	B/O R	656821	-	-	-	-	-	-	-	-	-	D	-	N
31	B/O R	654325	N	N	4	N	Y	N	N	N	N	D	Y	Y
32	B/O H	657746	-	-	-	-	-	-	-	-	-	D	-	N
33	B/O N	658056	-	-	-	-	-	-	-	-	-	D	-	N
34	B/O R	658329	-	-	-	-	-	-	-	-	-	D	-	N
35	B/O R	656563	N	N	5	Y	N	N	N	N	N	D	Y	Y
36	A	658666	-	-	-	-	-	-	-	-	-	D	-	N
37	B/O M	659800	-	-	-	-	-	-	-	-	-	D	-	N
38	B/O H	659911	-	-	-	-	-	-	-	-	-	DOR	-	N
39	P	660063	N	N	27	Y	N	N	N	N	N	DOR	Y	Y
40	B/O R	659954	-	-	-	-	-	-	-	-	-	D	-	N
41	B/O J	660308	-	-	-	-	-	-	-	-	-	D	-	N
42	B/O H	660756	-	-	-	-	-	-	-	-	-	D	-	N
43	B/O P	661111	-	-	-	-	-	-	-	-	-	D	-	N
44	B/O D	661783	-	-	-	-	-	-	-	-	-	DOR	-	N
45	B/O S	662481	-	-	-	-	-	-	-	-	-	D	-	N
46	B/O A	662936	-	-	-	-	-	-	-	-	-	D	-	N
47	B/O R	663163	-	-	-	-	-	-	-	-	-	D	-	N
48	B/O K	661045	N	N	6	N	N	N	N	N	N	D	Y	Y
49	B/O P	663775	-	-	-	-	-	-	-	-	-	D	-	N
50	B/O P	664376	N	N	3	Y	N	N	N	N	N	DOR	Y	Y
51	B/O K	664398	-	-	-	-	-	-	-	-	-	D	-	N
52	B/O R	664510	N	N	11	Y	Y	N	N	N	N	D	N	Y
53	B/O U1	664552	-	-	-	-	-	-	-	-	-	DOR	-	N
54	B/O U2	664553	-	-	-	-	-	-	-	-	-	DOR	-	N
55	B/O S1	664387	-	-	-	-	-	-	-	-	-	D	-	N
56	B/O S2	664995	-	-	-	-	-	-	-	-	-	D	-	N
57	B/O R	665330	-	-	-	-	-	-	-	-	-	D	-	N
58	B/O R	666296	-	-	-	-	-	-	-	-	-	D	-	N
59	B/O S	666772	-	-	-	-	-	-	-	-	-	D	-	N
60	B/O T	666650	-	-	-	-	-	-	-	-	-	D	-	N
61	S	667193	-	-	-	-	-	-	-	-	-	D	-	N
62	B/O P	667255	-	-	-	-	-	-	-	-	-	D	-	N
63	B/O M	667373	-	-	-	-	-	-	-	-	-	DAMA	-	N
64	B/O J	667619	-	-	-	-	-	-	-	-	-	D	-	N
65	B/O M	668008	-	-	-	-	-	-	-	-	-	DAMA	-	N
66	B/O J 1	668148	-	-	-	-	-	-	-	-	-	D	-	N
67	B/O J 2	668174	-	-	-	-	-	-	-	-	-	D	-	N
68	B/O R	668768	N	N	3	Y	N	N	N	N	N	DAMA	Y	Y
69	B/O R	669104	N	N	3	Y	N	Y	N	N	N	DAMA	N	Y

S.No.	Name	MRD No.	DOB	DOA	DOD	Duration of hospital stay (days)	Gender	Gestation (weeks)	Mode of delivery	Site of delivery	Growth status	Birth Weight in Grms	Birth weight (grams)_< 1000	1001-1500	1501-2500	>2501	Apgar score (for inborn)_ 1 min	Apgar score (for inborn)_ 5min	Prematurity <35 weeks	Respiratory Distress	Sepsis	Perinatal Asphyxia	Seizures	Hypoglycemia	Hyperbilirubinaemia	Congenital Heart disease	Necrotising Enterocolitis	Surgical Cause	Small for gestational age	Large for gestational age
70	B/O S	670472	2/13/2019	2/13/2019	2/25/2019	13	M	33+2	L	I	A	1500	N	Y	N	N	7	9	Y	Y	N	N	N	N	N	N	N	N	N	N
71	B/O R	671340	2/14/2019	2/14/2019	2/18/2019	5	F	37+6	L	I	A	2880	N	N	N	Y	5	8	N	Y	N	Y	N	N	N	N	N	N	N	N
72	B/O S	671619	2/13/2019	2/14/2019	2/22/2019	9	M	37+6	N	O	A	3400	N	N	N	Y	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
73	B/O I	672942	2/7/2019	2/17/2019	2/24/2019	8	M	39	N	O	A	3000	N	N	N	Y	-	-	N	N	N	N	Y	N	N	N	N	N	N	N
74	B/O S	672960	2/17/2019	2/17/2019	2/28/2019	12	M	39	L	I	L	3740	N	N	N	Y	7	9	N	Y	N	N	N	N	N	N	N	N	N	Y
75	B/O M	673673	2/18/2019	2/18/2019	2/23/2019	6	M	36+5	L	I	A	2180	N	N	Y	N	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
76	B/O M	675746	2/21/2019	2/21/2019	3/13/2019	20	F	33+1	L	I	S	1060	N	Y	N	N	5	9	Y	Y	N	N	N	N	N	N	N	N	N	N
77	B/O C	675778	2/18/2019	2/21/2019	3/1/2019	9	M	31+5	N	O	A	1500	N	Y	N	N	-	-	N	N	N	N	N	Y	Y	N	N	N	N	N
78	B/O J	676396	2/22/2019	2/22/2019	3/12/2019	19	F	30+5	L	I	A	1520	N	N	Y	N	7	9	Y	Y	Y	N	N	N	N	N	N	N	N	N
79	B/O R	658620	1/23/2019	2/22/2019	3/4/2019	11	M	30+3	L	I	S	1050	N	Y	N	N	6	9	N	Y	N	N	N	N	N	N	N	N	N	N
80	B/O H	676495	2/22/2019	2/22/2019	2/28/2019	7	M	38+2	L	O	A	3000	N	N	N	Y	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
81	B/O G	676517	2/22/2019	2/22/2019	2/24/2019	3	M	33+2	L	I	S	1670	Y	N	N	N	5	7	N	N	N	Y	N	N	N	N	N	Y	N	N
82	B/O P	676528	2/22/2019	2/23/2019	3/6/2019	12	M	41+1	N	O	A	2750	N	N	N	Y	-	-	N	N	N	N	N	N	N	N	N	Y	N	N
83	B/O D	677102	2/23/2019	2/23/2019	2/27/2019	5	M	36+1	L	I	L	3000	N	N	N	Y	6	8	N	Y	N	N	N	N	N	N	N	N	N	N
84	B/O S	677139	2/23/2019	2/23/2019	3/1/2019	9	M	36+2	L	I	S	1980	N	N	Y	N	8	9	N	Y	N	N	N	N	N	N	N	N	Y	N
85	B/O N	678091	2/23/2019	2/25/2019	3/3/2019	7	M	40+5	L	O	A	3000	N	N	N	Y	-	-	N	Y	N	N	Y	N	N	N	N	N	N	N
86	B/O M	678643	2/26/2019	2/26/2019	3/13/2019	16	F	32+4	L	I	S	1260	N	Y	N	N	7	9	Y	Y	N	N	N	N	N	N	N	N	N	N
87	B/O A1	678186	2/26/2019	2/26/2019	3/8/2019	11	M	31+6	L	O	A	2000	N	N	Y	N	-	-	Y	Y	N	N	N	N	N	N	N	N	N	N
88	B/O A2	678187	2/26/2019	2/26/2019	8/3/2019	11	M	31+6	L	O	A	2000	N	N	Y	N	-	-	Y	Y	N	N	N	N	N	N	N	N	N	N
89	B/O M	678674	2/24/2019	2/26/2019	3/8/2019	11	M	37+4	L	O	A	3200	N	N	N	Y	-	-	N	N	Y	N	N	N	N	N	N	N	N	N
90	B/O U	679464	2/28/2019	2/28/2019	3/4/2019	5	M	34	N	O	A	1800	N	N	Y	N	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
91	B/O D	679650	2/28/2019	2/28/2019	3/20/2019	21	M	30+2	N	I	A	1720	N	N	Y	N	5	9	N	Y	N	N	N	N	N	N	N	N	N	N
92	B/O N	680147	2/28/2019	2/28/2019	3/9/2019	10	M	35+3	L	O	L	4520	N	N	N	Y	-	-	N	Y	N	N	N	N	N	N	N	N	N	Y
93	B/O A	680833	3/1/2019	3/1/2019	3/5/2019	5	M	38+3	L	I	A	2920	N	N	N	Y	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
94	B/O H	680905	3/1/2019	3/1/2019	3/12/2019	11	F	32	L	I	A	1850	N	N	Y	N	7	8	N	N	N	Y	N	N	N	N	N	N	N	N
95	B/O R	681534	3/2/2019	3/2/2019	3/20/2019	18	M	31+1	L	I	A	1430	N	Y	N	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
96	B/O A	681593	3/3/2019	3/3/2019	3/6/2019	3	M	39+6	L	I	A	2920	N	N	N	Y	7	9	N	Y	N	Y	N	N	N	N	N	N	N	N
97	B/O G	681948	3/4/2019	3/4/2019	3/11/2019	7	M	34+3	L	I	A	1980	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
98	B/O S	682257	3/4/2019	3/4/2019	3/9/2019	6	M	39+4	F	O	S	2400	N	N	Y	N	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
99	B/O K1	682320	3/4/2019	3/4/2019	3/26/2019	22	F	30+3	L	I	A	1420	N	Y	N	N	5	9	Y	Y	N	Y	N	N	N	N	N	N	N	N
100	B/O K2	682321	3/4/2019	3/4/2019	4/2/2019	30	F	30+3	L	I	S	960	Y	N	N	N	7	9	Y	Y	N	N	N	N	N	N	N	N	N	N
101	B/O R	683048	3/5/2019	3/5/2019	3/14/2019	10	F	33+1	L	I	A	2900	N	N	N	Y	7	8	N	Y	N	N	N	Y	N	N	N	N	N	N
102	B/O Y	683748	3/6/2019	3/6/2019	3/8/2019	3	M	36+2	L	O	A	2500	N	N	Y	N	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
103	B/O B	684011	3/7/2019	3/7/2019	3/31/2019	24	F	30+6	L	I	S	1015	N	Y	N	N	8	9	Y	Y	N	N	N	N	N	N	N	N	Y	N
104	B/O P	684442	3/7/2019	3/8/2019	3/19/2019	11	M	36+6	L	O	A	2800	N	N	N	Y	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
105	B/O M	684624	3/8/2019	3/8/2019	3/14/2019	7	F	32+5	L	I	A	1400	N	Y	N	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
106	B/O R	684923	3/8/2019	3/8/2019	3/14/2019	7	F	36+2	F	I	A	2140	N	N	Y	N	8	9	N	N	N	N	N	N	N	N	N	N	N	N
107	B/O M	682645	3/5/2019	3/5/2019	3/13/2019	9	F	36+6	N	I	A	3120	N	N	N	Y	8	9	N	N	Y	N	N	N	N	N	N	N	N	N
108	B/O R	685148	3/9/2019	3/9/2019	3/14/2019	6	M	38+4	L	O	A	3200	N	N	N	Y	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
109	B/O R	685952	3/10/2019	3/10/2019	3/26/2019	16	M	36	N	O	A	2500	N	N	Y	N	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
110	B/O T 1	686353	3/11/2019	3/11/2019	3/27/2019	16	M	31+3	L	I	A	1485	N	Y	N	N	7	9	Y	Y	N	N	N	N	N	N	N	N	N	N
111	B/O T 2	686362	3/11/2019	3/11/2019	4/6/2019	26	M	31+3	L	I	A	1100	N	Y	N	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
112	B/O T 3	686365	3/11/2019	3/11/2019	3/26/2019	15	F	31+3	L	I	A	1410	N	Y	N	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
113	B/O P	686684	2/26/2019	3/11/2019	3/26/2019	15	M	38+5	L	O	A	3000	N	N	N	Y	-	-	N	N	Y	N	N	N	N	N	N	N	N	N
114	B/O H	683735	3/6/2019	3/6/2019	3/15/2019	9	F	37+5	L	I	A	2740	N	N	N	Y	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
115	B/O A	686751	3/12/2019	3/12/2019	3/16/2019	5	M	39+5	N	I	A	2660	N	N	N	Y	8	9	N	Y	N	Y	N	N	N	N	N	N	N	N
116	B/O N	686754	3/12/2019	3/12/2019	3/14/2019	3	M	37+5	L	I	A	3500	N	N	N	Y	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
117	B/O S 2	686905	3/12/2019	3/12/2019	3/31/2019	19	M	33+5	L	I	S	1280	N	Y	N	N	8	9	N	Y	N	N	N	N	N	N	N	N	Y	N
118	B/O T	688237	3/13/2019	3/13/2019	3/26/2019	13	F	34	N	O	S	1500	N	Y	N	N	-	-	N	Y	N	N	N	N	N	N	N	N	Y	N
119	B/O M	688838	3/14/2019	3/14/2019	3/29/2019	15	M	37	L	I	S	1620	N	N	Y	N	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
120	B/O M	689851	3/16/2019	3/16/2019	4/3/2019	17	M	33+6	L	I	A	2220	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
121	B/O K	690225	3/16/2019	3/16/2019	3/21/2019	6	M	34+5	L	I	A	2245	N	N	Y	N	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
122	B/O P	692151	3/19/2019	3/19/2019	3/23/2019	5	M	37+3	N	I	A	2980	N	N	N	Y	8	9	N	Y	N	Y	N	N	N	N	N	N	N	N
123	B/O V 1	692157	3/19/2019	3/19/2019	4/1/2019	12	F	31+6	L	I	S	1160	N	Y	N	N	7	9	Y	Y	N	N	N	N	Y	N	N	N	N	N
124	B/O V 2	692158	3/19/2019	3/19/2019	3/25/2019	7	F	31+6	L	I	A	1780	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
125	B/O P	692211	3/20/2019	3/20/2019	3/31/2019	11	M	35+5	L	I	A	2180	N	N	Y	N	5	8	N	N	N	Y	N	N	N	N	N	N	N	N
126	B/O S	692906	3/19/2019	3/20/2019	3/25/2019	6	F	37	N	O	A	2500	N	N	Y	N	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
127	B/O A	692937	3/20/2019	3/20/2019	3/29/2019	9	M	36	L	O	A	2200	N	N	Y	N	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
128	B/O H	686705	3/11/2019	3/20/2019	3/23/2019	4	F	36+6	L	O	S	2265	N	N	Y	N	-	-	N	N	N	N	N	N	Y	N	N	N	Y	N
129	B/O M	694034	3/22/2019	3/22/2019	3/26/2019	5	F	39	L	O	A	2900	N	N	N	Y	-	-	N	N	N	Y	N	N	N	N	N	N	N	N
130	B/O R	694725	3/23/2019	3/23/2019	3/29/2019	7	M	35+4	L	I	S	1820	N	N	Y	N	8	9	N	N	N	N	N	N	N	N	N	N	Y	N
131	B/O K	694753	3/23/2019	3/24/2019	4/2/2019	9	M	32+1	L	I	A	1380	N	Y	N	N	8	9	Y	Y	N	Y	N	N	Y	N	N	N	N	N
132	B/O I	694759	3/24/2019	3/24/2019	3/29/2019	6	F	35+1	N	I	S	1720	N	N	Y	N	8	9	N	N	N	Y	N	N	N	N	N	N	Y	N
133	B/O H	696069	3/26/2019	3/26/2019	5/22/2019	58	M	28+4	L	I	A	1130	N	Y	N	N	7	9	Y	Y	N	N	N	N	N	N	N	N	N	N
134	B/O R	696554	3/24/2019	3/26/2019	4/7/2019	13	F	36+2	F	I	A	1460	N	Y	N	N	5	7	N	N	N	Y	N	N	N	N	N	N	N	N
135	B/O S	700167	3/20/2019	4/1/2019	4/3/2019	3	F	38	L	O	A	3250	N	N	N	Y	-	-	N	N	N	N	Y	N	N	N	N	N	N	N
136	B/O D	701259	4/3/2019	4/3/2019	4/12/2019	10	M	37+4	L	O	A	3070	N	N	N	Y	-	-	N	Y	N	N	N	N	Y	N	N	N	N	N
137	B/O A	701964	4/3/2019	4/3/2019	4/13/2019	10	M	33+6	L	I	S	1320	N	Y	N	N	7	9	Y	Y	N	N	N	N	N	N	N	N	N	N
138	B/O S	702033	4/3/2019	4/3/2019	4/6/2019	4	M	38+6	N	O	A	2700	N	N	N	Y	-	-	N	Y	N	N	N	N	N	N	N	N	N	N

S.No.	Name	MRD No.	Congenital renal anomaly	Birth asphyxia requiring bag and mask ventilaton	Need for ventilation (Days)	Duration of ventilatory support()	RDS	Need for surfactant	Apnea of prematuriy	Feed Intolerance	Need for inotropes	Need for CPAP	NEC	Need for photother apy	Need For exchange transfusion	Abnormal ROP screening	Sepsis	Use of Nephrotoxic Drugs	Antibiotic drug used (in days)_C	A	P	N	M	V	Others	Antibitoic used	Need for ventilation_ AT AKI	Duration of ventilatory upport ()_AT AKI	RDS_AT AKI	Feed Intolerance _AT AKI	Need for inotropes_ AT AKI	Number of inotropes used_AT AKI	Need for CPAP_A T AKI	NEC_AT AKI
70	B/O S	670472	N	N	N	-	Y	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
71	B/O R	671340	N	Y	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
72	B/O S	671619	N	N	N	-	N	Y	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
73	B/O I	672942	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
74	B/O S	672960	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
75	B/O M	673673	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
76	B/O M	675746	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
77	B/O C	675778	N	N	N	-	N	N	N	N	N	N	N	Y	Y	N	N	Y	-	5	-	-	-	5	1	-	-	-	-	-	-	-	-	-
78	B/O J	676396	N	N	Y	5	Y	Y	N	N	N	Y	N	Y	N	N	E	Y	-	-	10	10	-	-	10	2	Y	5	Y	N	N	-	N	N
79	B/O R	658620	N	Y	N	-	N	N	N	Y	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
80	B/O H	676495	N	N	N	-	N	N	N	N	N	N	N	N	N	N	E	Y	7	7	-	-	-	-	2	-	-	-	-	-	-	-	-	-
81	B/O G	676517	N	Y	Y	3	Y	Y	N	N	Y	N	N	N	N	N	E	Y	3	3	-	-	-	-	1	-	-	-	-	-	-	-	-	-
82	B/O P	676528	N	N	Y	6	N	N	N	N	Y	Y	N	Y	N	N	N	Y	-	10	-	-	-	10	2	-	-	-	-	-	-	-	-	-
83	B/O D	677102	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
84	B/O S	677139	N	N	N	-	Y	N	N	N	N	Y	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
85	B/O N	678091	N	N	N	-	N	N	N	N	N	N	N	N	N	N	E	Y	7	7	-	-	-	-	2	-	-	-	-	-	-	-	-	-
86	B/O M	678643	N	N	N	-	Y	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
87	B/O A1	678186	N	N	N	-	Y	Y	N	N	N	Y	N	Y	N	N	N	Y	5	5	-	-	-	-	1	-	-	-	-	-	-	-	-	-
88	B/O A2	678187	N	N	N	-	Y	Y	N	N	N	Y	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
89	B/O M	678674	N	N	Y	7	N	N	N	N	Y	N	N	Y	N	N	E	Y	-	-	10	10	-	-	2	-	-	-	-	-	-	-	-	-
90	B/O U	679464	N	N	Y	2	Y	Y	N	N	N	Y	N	N	N	N	E	Y	7	7	-	-	-	-	2	-	-	-	-	-	-	-	-	-
91	B/O D	679650	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
92	B/O N	680147	N	N	N	-	Y	N	N	N	N	Y	N	N	N	N	N	Y	5	5	-	-	-	-	1	-	-	-	-	-	-	-	-	-
93	B/O A	680833	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
94	B/O H	680905	N	Y	Y	3	Y	Y	N	N	N	Y	N	Y	N	N	N	Y	5	5	-	-	-	-	1	-	-	-	-	-	-	-	-	-
95	B/O R	681534	N	N	N	-	Y	N	N	N	N	Y	N	N	N	N	E	Y	7	7	7	7	-	-	2	-	-	-	-	-	-	-	-	-
96	B/O A	681593	N	Y	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
97	B/O G	681948	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
98	B/O S	682257	N	N	N	-	N	N	N	N	N	N	N	N	N	N	E	Y	6	6	-	-	-	-	1	-	-	-	-	-	-	-	-	-
99	B/O K1	682320	N	Y	N	-	Y	Y	N	N	N	Y	N	Y	N	N	N	Y	7	7	-	-	-	-	2	-	-	-	-	-	-	-	-	-
100	B/O K2	682321	N	N	N	-	Y	Y	N	N	N	Y	N	Y	N	N	N	Y	5	5	-	-	-	-	1	-	-	-	-	-	-	-	-	-
101	B/O R	683048	N	N	N	-	Y	N	N	Y	N	Y	N	N	N	N	E	Y	3	3	5	5	-	-	1	-	-	-	-	-	-	-	-	-
102	B/O Y	683748	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	Y	3	3	-	-	-	-	1	-	-	-	-	-	-	-	-	-
103	B/O B	684011	N	N	N	-	Y	N	N	Y	N	Y	N	Y	N	N	N	Y	7	7	-	-	-	-	2	-	-	-	-	-	-	-	-	-
104	B/O P	684442	N	N	N	-	N	N	N	N	N	Y	N	N	N	N	N	Y	10	10	-	-	-	-	2	-	-	-	-	-	-	-	-	-
105	B/O M	684624	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
106	B/O R	684923	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
107	B/O M	682645	N	N	N	-	N	N	N	N	N	N	N	N	N	N	E	Y	5	5	-	-	-	-	1	-	-	-	-	-	-	-	-	-
108	B/O R	685148	N	N	N	-	Y	N	N	N	N	Y	N	N	N	N	N	Y	6	6	-	-	-	-	1	-	-	-	-	-	-	-	-	-
109	B/O R	685952	N	N	Y	10	N	N	N	N	N	Y	N	N	N	N	N	Y	10	10	-	-	-	-	2	-	-	-	-	-	-	-	-	-
110	B/O T 1	686353	N	N	N	-	Y	N	N	N	N	Y	N	Y	N	N	E	Y	14	14	-	-	-	14	2	-	-	-	-	-	-	-	-	-
111	B/O T 2	686362	N	N	N	-	Y	N	N	N	N	N	N	Y	N	N	E	Y	-	-	-	-	-	10	2	-	-	-	-	-	-	-	-	-
112	B/O T 3	686365	N	N	N	-	Y	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
113	B/O P	686684	N	N	N	-	N	N	N	N	N	N	N	N	N	N	L	Y	-	-	-	-	10	10	2	-	-	-	-	-	-	-	-	-
114	B/O H	683735	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
115	B/O A	686751	N	Y	Y	1	Y	N	N	N	N	N	N	N	N	N	N	Y	3	3	-	-	-	-	1	-	-	-	-	-	-	-	-	-
116	B/O N	686754	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
117	B/O S 2	686905	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	L	Y	-	-	10	10	10	10	2	-	-	-	-	-	-	-	-	-
118	B/O T	688237	N	N	N	-	Y	N	N	N	N	Y	N	N	N	N	N	Y	7	7	-	-	-	-	2	-	-	-	-	-	-	-	-	-
119	B/O M	688838	N	N	N	-	N	N	N	N	N	Y	N	N	N	N	E	Y	10	10	10	10	-	-	2	-	-	-	-	-	-	-	-	-
120	B/O M	689851	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	L	Y	10	10	10	10	-	-	2	-	-	-	-	-	-	-	-	-
121	B/O K	690225	N	N	N	-	Y	N	N	N	N	Y	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
122	B/O P	692151	N	Y	N	-	N	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
123	B/O V 1	692157	N	N	N	-	Y	N	N	N	N	Y	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
124	B/O V 2	692158	N	N	N	-	Y	N	N	N	N	Y	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
125	B/O P	692211	N	Y	Y	2	N	N	N	N	N	N	N	N	N	N	E	Y	7	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-
126	B/O S	692906	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	Y	5	5	-	-	-	-	1	-	-	-	-	-	-	-	-	-
127	B/O A	692937	N	N	N	-	Y	Y	N	N	N	Y	N	N	N	N	N	Y	7	7	-	-	-	-	2	-	-	-	-	-	-	-	-	-
128	B/O H	686705	N	N	N	-	N	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
129	B/O M	694034	N	Y	N	-	N	N	N	N	N	N	N	N	N	N	N	Y	5	5	-	-	-	-	1	-	-	-	-	-	-	-	-	-
130	B/O R	694725	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
131	B/O K	694753	N	Y	N	-	Y	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
132	B/O I	694759	N	Y	N	-	N	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
133	B/O H	696069	N	Y	Y	7	Y	Y	Y	N	N	Y	N	Y	N	N	N	Y	7	7	-	-	-	7	2	-	-	-	-	-	-	-	-	-
134	B/O R	696554	N	Y	Y	6	Y	N	N	Y	Y	Y	N	Y	N	N	N	Y	10	10	-	-	-	-	2	Y	6	Y	Y	Y	2	Y	N
135	B/O S	700167	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
136	B/O D	701259	N	N	N	-	N	N	N	N	N	Y	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
137	B/O A	701964	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
138	B/O S	702033	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

S.No.	Name	MRD No.	Sepsis screen_AT AKI	Metabolic Acidosis_AT AKI	PDA_AT AKI	MATERNAL VARIABLES_Age (years)	Infections	Diabetes	Hypothyroidism	Chronic hypertension	Kidney disease	Pre-eclampsia	Eclampsia	Intrauterine growth retardation	Oligohydramnios	Polyhydramnios	Haemorrhage	Multiple gestation	Assisted Conception	Antepartum complication	STAGE OF KIDNEY INJURY	AKI COMPLICATIONS_Hyperkalemia (>5.5 meq/l)	Acidosis	Pulmonary Edema	Volume Overload	Hyponatremia(<130meq/l)	Anemia
70	B/O S	670472	-	-	-	-	N	N	N	N	N	N	N	N	Y	N	N	N	N	N	-	-	-	-	-	-	-
71	B/O R	671340	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
72	B/O S	671619	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
73	B/O I	672942	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
74	B/O S	672960	-	-	-	-	N	N	N	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-
75	B/O M	673673	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
76	B/O M	675746	-	-	-	-	N	N	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
77	B/O C	675778	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
78	B/O J	676396	Y	N	N	24	N	N	N	N	N	N	N	N	N	N	Y	N	N	N	2	N	N	N	N	N	N
79	B/O R	658620	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
80	B/O H	676495	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
81	B/O G	676517	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
82	B/O P	676528	-	-	-	-	N	N	N	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-
83	B/O D	677102	-	-	-	-	N	Y	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
84	B/O S	677139	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
85	B/O N	678091	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
86	B/O M	678643	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
87	B/O A1	678186	-	-	-	-	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N	-	-	-	-	-	-	-
88	B/O A2	678187	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	N	N	-	-	-	-	-	-	-
89	B/O M	678674	-	-	-	-	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
90	B/O U	679464	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
91	B/O D	679650	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
92	B/O N	680147	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
93	B/O A	680833	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
94	B/O H	680905	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
95	B/O R	681534	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
96	B/O A	681593	-	-	-	-	N	N	N	N	N	N	N	N	N	N	Y	N	N	N	-	-	-	-	-	-	-
97	B/O G	681948	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
98	B/O S	682257	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
99	B/O K1	682320	-	-	-	-	N	N	N	N	N	N	N	N	N	Y	N	Y	Y	N	-	-	-	-	-	-	-
100	B/O K2	682321	-	-	-	-	N	N	Y	N	N	Y	N	N	N	N	N	Y	Y	N	-	-	-	-	-	-	-
101	B/O R	683048	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
102	B/O Y	683748	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
103	B/O B	684011	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
104	B/O P	684442	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
105	B/O M	684624	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
106	B/O R	684923	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
107	B/O M	682645	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
108	B/O R	685148	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
109	B/O R	685952	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
110	B/O T 1	686353	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	-	-	-	-	-	-	-
111	B/O T 2	686362	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	-	-	-	-	-	-	-
112	B/O T 3	686365	-	-	-	-	N	N	N	N	Y	N	N	N	N	N	N	Y	Y	N	-	-	-	-	-	-	-
113	B/O P	686684	-	-	-	-	N	N	N	N	Y	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
114	B/O H	683735	-	-	-	-	N	N	N	N	N	N	N	N	N	N	Y	N	N	N	-	-	-	-	-	-	-
115	B/O A	686751	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
116	B/O N	686754	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
117	B/O S 2	686905	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	N	N	-	-	-	-	-	-	-
118	B/O T	688237	-	-	-	-	N	N	N	N	N	N	N	N	Y	N	N	N	N	N	-	-	-	-	-	-	-
119	B/O M	688838	-	-	-	-	N	N	N	N	Y	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
120	B/O M	689851	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
121	B/O K	690225	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
122	B/O P	692151	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
123	B/O V 1	692157	-	-	-	-	N	N	N	N	N	N	N	N	N	Y	Y	Y	Y	N	-	-	-	-	-	-	-
124	B/O V 2	692158	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	-	-	-	-	-	-	-
125	B/O P	692211	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
126	B/O S	692906	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
127	B/O A	692937	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
128	B/O H	686705	-	-	-	-	N	N	N	N	N	Y	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
129	B/O M	694034	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
130	B/O R	694725	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
131	B/O K	694753	-	-	-	-	N	N	N	N	N	N	Y	N	N	N	N	N	N	N	-	-	-	-	-	-	-
132	B/O I	694759	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
133	B/O H	696069	-	-	-	-	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
134	B/O R	696554	N	Y	N	29	N	N	N	N	N	Y	N	Y	Y	N	N	N	N	N	3	N	Y	N	N	N	N
135	B/O S	700167	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
136	B/O D	701259	-	-	-	-	N	N	N	N	N	N	N	N	N	N	Y	N	N	N	-	-	-	-	-	-	-
137	B/O A	701964	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
138	B/O S	702033	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-

S.No.	Name	MRD No.	Hypertension	GI bleed	Day of Onset of AKI	Probable Cause of AKI_Sepsis	Dehydration	Shock	Nephrotoxic drugs	others	Need of Renal Replacement Therapy	Outcome	AKI RESOLVED	AKI
70	B/O S	670472	-	-	-	-	-	-	-	-	-	D	-	N
71	B/O R	671340	-	-	-	-	-	-	-	-	-	D	-	N
72	B/O S	671619	-	-	-	-	-	-	-	-	-	D	-	N
73	B/O I	672942	-	-	-	-	-	-	-	-	-	D	-	N
74	B/O S	672960	-	-	-	-	-	-	-	-	-	D	-	N
75	B/O M	673673	-	-	-	-	-	-	-	-	-	DOR	-	N
76	B/O M	675746	-	-	-	-	-	-	-	-	-	D	-	N
77	B/O C	675778	-	-	-	-	-	-	-	-	-	D	-	N
78	B/O J	676396	N	N	3	Y	N	N	Y	N	N	D	Y	Y
79	B/O R	658620	-	-	-	-	-	-	-	-	-	DOR	-	N
80	B/O H	676495	-	-	-	-	-	-	-	-	-	DOR	-	N
81	B/O G	676517	-	-	-	-	-	-	-	-	-	DAMA	-	N
82	B/O P	676528	-	-	-	-	-	-	-	-	-	D	-	N
83	B/O D	677102	-	-	-	-	-	-	-	-	-	DAMA	-	N
84	B/O S	677139	-	-	-	-	-	-	-	-	-	D	-	N
85	B/O N	678091	-	-	-	-	-	-	-	-	-	D	-	N
86	B/O M	678643	-	-	-	-	-	-	-	-	-	D	-	N
87	B/O A1	678186	-	-	-	-	-	-	-	-	-	D	-	N
88	B/O A2	678187	-	-	-	-	-	-	-	-	-	D	-	N
89	B/O M	678674	-	-	-	-	-	-	-	-	-	D	-	N
90	B/O U	679464	-	-	-	-	-	-	-	-	-	DOR	-	N
91	B/O D	679650	-	-	-	-	-	-	-	-	-	D	-	N
92	B/O N	680147	-	-	-	-	-	-	-	-	-	D	-	N
93	B/O A	680833	-	-	-	-	-	-	-	-	-	D	-	N
94	B/O H	680905	-	-	-	-	-	-	-	-	-	D	-	N
95	B/O R	681534	-	-	-	-	-	-	-	-	-	D	-	N
96	B/O A	681593	-	-	-	-	-	-	-	-	-	D	-	N
97	B/O G	681948	-	-	-	-	-	-	-	-	-	D	-	N
98	B/O S	682257	-	-	-	-	-	-	-	-	-	DOR	-	N
99	B/O K1	682320	-	-	-	-	-	-	-	-	-	D	-	N
100	B/O K2	682321	-	-	-	-	-	-	-	-	-	D	-	N
101	B/O R	683048	-	-	-	-	-	-	-	-	-	D	-	N
102	B/O Y	683748	-	-	-	-	-	-	-	-	-	DOR	-	N
103	B/O B	684011	-	-	-	-	-	-	-	-	-	D	-	N
104	B/O P	684442	-	-	-	-	-	-	-	-	-	D	-	N
105	B/O M	684624	-	-	-	-	-	-	-	-	-	DOR	-	N
106	B/O R	684923	-	-	-	-	-	-	-	-	-	D	-	N
107	B/O M	682645	-	-	-	-	-	-	-	-	-	D	-	N
108	B/O R	685148	-	-	-	-	-	-	-	-	-	DAMA	-	N
109	B/O R	685952	-	-	-	-	-	-	-	-	-	D	-	N
110	B/O T 1	686353	-	-	-	-	-	-	-	-	-	D	-	N
111	B/O T 2	686362	-	-	-	-	-	-	-	-	-	D	-	N
112	B/O T 3	686365	-	-	-	-	-	-	-	-	-	D	-	N
113	B/O P	686684	-	-	-	-	-	-	-	-	-	D	-	N
114	B/O H	683735	-	-	-	-	-	-	-	-	-	D	-	N
115	B/O A	686751	-	-	-	-	-	-	-	-	-	D	-	N
116	B/O N	686754	-	-	-	-	-	-	-	-	-	D	-	N
117	B/O S 2	686905	-	-	-	-	-	-	-	-	-	D	-	N
118	B/O T	688237	-	-	-	-	-	-	-	-	-	D	-	N
119	B/O M	688838	-	-	-	-	-	-	-	-	-	DOR	-	N
120	B/O M	689851	-	-	-	-	-	-	-	-	-	D	-	N
121	B/O K	690225	-	-	-	-	-	-	-	-	-	D	-	N
122	B/O P	692151	-	-	-	-	-	-	-	-	-	D	-	N
123	B/O V 1	692157	-	-	-	-	-	-	-	-	-	DOR	-	N
124	B/O V 2	692158	-	-	-	-	-	-	-	-	-	DOR	-	N
125	B/O P	692211	-	-	-	-	-	-	-	-	-	D	-	N
126	B/O S	692906	-	-	-	-	-	-	-	-	-	D	-	N
127	B/O A	692937	-	-	-	-	-	-	-	-	-	D	-	N
128	B/O H	686705	-	-	-	-	-	-	-	-	-	D	-	N
129	B/O M	694034	-	-	-	-	-	-	-	-	-	D	-	N
130	B/O R	694725	-	-	-	-	-	-	-	-	-	D	-	N
131	B/O K	694753	-	-	-	-	-	-	-	-	-	D	-	N
132	B/O I	694759	-	-	-	-	-	-	-	-	-	D	-	N
133	B/O H	696069	-	-	-	-	-	-	-	-	-	D	-	N
134	B/O R	696554	N	N	4	Y	N	N	N	N	Y	D	Y	Y
135	B/O S	700167	-	-	-	-	-	-	-	-	-	DOR	-	N
136	B/O D	701259	-	-	-	-	-	-	-	-	-	DOR	-	N
137	B/O A	701964	-	-	-	-	-	-	-	-	-	D	-	N
138	B/O S	702033	-	-	-	-	-	-	-	-	-	D	-	N

S.No.	Name	MRD No.	DOB	DOA	DOD	Duration of hospital stay (days)	Gender	Gestation (weeks)	Mode of delivery	Site of delivery	Growth status	Birth Weight in Grms	Birth weight (grams)_< 1000	1001-1500	1501-2500	>2501	Apgar score (for inborn)_ 1 min	Apgar score (for inborn)_ 5min	Prematurity <35 weeks	Respiratory Distress	Sepsis	Perinatal Asphyxia	Seizures	Hypoglycemia	Hyperbilirubinaemia	Congenital Heart disease	Necrotising Enterocolitis	Surgical Cause	Small for gestational age	Large for gestational age
139	A	702760	4/4/2019	4/4/2019	4/10/2019	7	M	40+1	N	O	A	3500	N	N	N	Y	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
140	B/O S	703207	4/5/2019	4/5/2019	4/11/2019	7	F	37+4	L	I	S	1900	N	N	Y	N	8	9	N	N	N	N	N	N	N	N	N	N	N	N
141	B/O N	703166	4/5/2019	4/5/2019	4/10/2019	5	M	35+6	N	I	A	3740	N	N	N	Y	6	9	N	N	N	Y	N	N	N	N	N	N	N	N
142	B/O S	703999	4/6/2019	4/6/2019	5/8/2019	30	M	29+5	L	I	A	1250	N	Y	N	N	5	6	Y	N	N	N	N	N	N	N	N	N	N	N
143	B/O G	704139	4/6/2019	4/6/2019	4/12/2019	6	F	34+3	L	I	S	1920	N	N	Y	N	8	9	Y	N	N	N	N	N	N	N	N	Y	N	N
144	B/O G 1	704155	4/6/2019	4/6/2019	4/11/2019	6	M	34+5	L	I	A	2420	N	N	Y	N	8	9	Y	N	N	N	N	N	N	N	N	N	N	N
145	B/O G 2	704156	4/6/2019	4/6/2019	4/11/2019	6	F	34+5	L	I	A	2820	N	N	N	Y	8	9	Y	N	N	N	N	N	N	N	N	N	N	N
146	B/O S	704232	4/7/2019	4/7/2019	5/21/2019	42	M	26+2	N	I	A	1120	N	Y	N	N	2	6	Y	N	N	Y	N	N	N	N	N	N	N	N
147	B/O J	705050	4/8/2019	4/8/2019	4/14/2019	7	F	34+1	L	I	A	2100	N	N	Y	N	8	9	Y	N	N	N	N	N	N	N	N	N	N	N
148	B/O M	705078	4/8/2019	4/8/2019	4/10/2019	3	F	38+1	L	O	A	3000	N	N	N	Y	-	-	N	N	N	Y	N	N	N	N	N	N	N	N
149	B/O K	705887	4/8/2019	4/9/2019	4/25/2019	16	M	38	N	O	A	3080	N	N	N	Y	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
150	B/O N	706572	4/10/2019	4/10/2019	4/14/2019	4	M	29+6	N	I	L	1900	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
151	B/O A	706583	4/10/2019	4/10/2019	4/23/2019	13	M	33	L	I	A	1560	N	N	Y	N	6	9	Y	Y	N	N	N	N	N	N	N	N	N	N
152	B/O A 1	709909	4/16/2019	4/16/2019	4/24/2019	9	M	34+6	L	I	A	2140	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
153	B/O A 2	709914	4/16/2019	4/16/2019	4/24/2019	9	M	34+6	L	I	A	1840	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
154	B/O M	709853	4/6/2019	4/16/2019	4/22/2019	7	M	35	F	O	S	1800	N	N	Y	N	-	-	N	N	Y	N	N	N	N	N	N	N	N	N
155	B/O R	710239	4/16/2019	4/16/2019	4/20/2019	5	M	39+3	L	I	A	2300	N	N	Y	N	6	8	N	N	N	Y	N	N	N	Y	N	N	N	N
156	B/O A	710250	4/16/2019	4/16/2019	4/20/2019	5	F	28+5	L	I	A	1160	N	Y	N	N	7	9	Y	Y	N	N	N	N	N	N	N	N	N	N
157	B/O K	708969	4/14/2019	4/15/2019	4/23/2019	9	M	39+5	F	O	A	3200	N	N	N	Y	-	-	N	N	Y	N	N	N	N	N	N	N	N	N
158	B/O S	711616	4/18/2019	4/18/2019	4/20/2019	3	M	37	L	I	A	2700	N	N	N	Y	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
159	B/O A	711638	4/18/2019	4/18/2019	4/23/2019	7	F	37+5	F	I	A	2735	N	N	N	Y	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
160	B/O P	711694	4/18/2019	4/18/2019	4/20/2019	3	M	36+5	F	I	A	2800	N	N	N	Y	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
161	B/O D	712056	4/19/2019	4/19/2019	4/25/2019	7	M	34+6	L	I	A	1850	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
162	B/O J	712210	4/18/2019	4/19/2019	4/27/2019	9	F	35	L	O	A	2400	N	N	Y	N	-	-	N	N	N	N	N	Y	N	N	N	N	N	N
163	B/O M	712298	4/19/2019	4/19/2019	4/28/2019	10	M	36	N	I	A	2600	N	N	N	Y	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
164	B/O P	712313	4/9/2019	4/9/2019	4/29/2019	10	M	36	N	O	A	2800	N	N	N	Y	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
165	B/O M	712477	4/18/2019	4/20/2019	5/20/2019	32	F	38+3	L	I	A	3060	N	N	N	Y	7	9	N	Y	N	N	N	N	N	N	N	N	N	N
166	B/O S	712926	4/18/2019	4/20/2019	5/24/2019	35	M	37	L	O	A	2750	N	N	N	Y	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
167	B/O A	713009	4/17/2019	4/20/2019	5/14/2019	24	M	35	F	O	A	2500	N	N	Y	N	-	-	N	N	Y	N	N	N	N	N	N	N	N	N
168	B/O K	713062	4/21/2019	4/21/2019	4/25/2019	4	M	38+5	F	I	A	3080	N	N	N	Y	5	9	N	N	N	Y	N	N	N	N	N	N	N	N
169	B/O S	713109	4/21/2019	4/21/2019	5/6/2019	16	F	37+2	F	O	A	2150	N	N	Y	N	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
170	B/O N	713158	4/21/2019	4/21/2019	4/30/2019	10	F	34+1	L	I	S	1400	N	Y	N	N	7	9	Y	Y	N	N	N	Y	N	N	N	N	N	N
171	B/O R	713159	4/21/2019	4/21/2019	4/26/2019	6	F	37+4	N	O	A	2500	N	N	Y	N	-	-	N	N	Y	N	N	N	N	N	N	N	N	N
172	B/O P	713153	4/18/2019	4/21/2019	5/6/2019	16	M	33+6	L	O	S	1700	N	N	Y	N	-	-	N	N	N	N	N	N	N	N	N	Y	N	N
173	B/O S 1	713202	4/22/2019	4/22/2019	5/5/2019	14	F	37+2	F	I	S	1520	N	N	Y	N	8	9	N	Y	N	N	N	N	N	N	N	N	Y	N
174	B/O S	713203	4/22/2019	4/22/2019	4/29/2019	8	M	30+3	L	I	A	1890	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
175	B/O S	713179	4/21/2019	4/21/2019	4/29/2019	8	F	37+3	L	I	S	1980	N	N	Y	N	6	9	N	Y	N	N	N	N	N	N	N	N	N	N
176	B/O J	713759	4/22/2019	4/22/2019	4/29/2019	8	F	33+6	L	I	A	2240	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
177	B/O M	713931	4/20/2019	4/22/2019	4/24/2019	3	F	39+3	F	O	A	3300	N	N	N	Y	-	-	N	N	Y	N	N	N	Y	N	N	N	N	N
178	B/O U	713989	4/19/2019	4/22/2019	4/26/2019	5	F	38	F	O	A	3000	N	N	N	Y	-	-	N	N	Y	N	N	N	Y	N	N	N	N	N
179	B/O V	714802	4/24/2019	4/24/2019	5/19/2019	23	M	35+1	N	I	A	2260	N	N	Y	N	5	9	N	Y	N	N	N	N	N	N	N	N	N	N
180	B/O K	715363	4/24/2019	4/24/2019	4/29/2019	6	M	34	L	I	A	1290	N	Y	N	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
181	B/O J	715519	4/11/2019	4/25/2019	4/28/2019	4	M	38	N	O	A	2800	N	N	N	Y	-	-	N	N	N	N	N	N	N	Y	N	N	N	N
182	B/O A	715746	4/25/2019	4/25/2019	5/2/2019	8	F	37+4	L	I	A	2700	N	N	N	Y	8	9	N	N	N	N	N	N	N	N	N	Y	N	N
183	B/O S	716057	4/25/2019	4/25/2019	4/30/2019	6	M	34+4	L	I	A	3320	N	N	N	Y	-	-	Y	Y	N	N	N	N	N	N	N	N	N	N
184	B/O G	716129	4/25/2019	4/25/2019	5/10/2019	16	M	30+2	N	I	A	1640	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
185	B/O H	716206	4/26/2019	4/26/2019	7/13/2019	79	M	26	N	I	A	820	Y	N	N	N	5	7	Y	N	N	Y	N	N	N	N	N	N	N	N
186	B/O R	716456	4/26/2019	4/26/2019	5/2/2019	7	F	36+2	L	I	A	1440	N	Y	N	N	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
187	B/O G 2	716862	4/26/2019	4/26/2019	7/4/2019	70	M	27+5	N	I	A	680	Y	N	N	N	7	8	Y	Y	N	N	N	N	N	N	N	N	N	N
188	B/O G 1	716856	4/26/2019	4/26/2019	7/4/2019	65	M	27+5	N	I	A	680	Y	N	N	N	5	8	Y	N	N	Y	N	N	N	N	N	N	N	N
189	B/O M	716887	4/22/2019	4/22/2019	4/27/2019	6	M	39	F	I	A	2840	N	N	N	Y	5	9	N	N	N	Y	N	N	N	N	N	N	N	N
190	B/O G	716895	4/26/2019	4/26/2019	5/4/2019	9	F	36	L	O	A	2800	N	N	N	Y	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
191	B/O S	717134	4/27/2019	4/27/2019	5/4/2019	8	M	34	L	I	A	2480	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
192	B/O R	717563	4/24/2019	4/27/2019	4/29/2019	3	F	40	F	O	A	2440	N	N	Y	N	-	-	N	N	N	N	Y	Y	N	N	N	N	N	N
193	B/O A	717628	4/27/2019	4/28/2019	5/2/2019	5	F	36+6	L	I	A	2800	N	N	N	Y	7	8	N	Y	N	N	N	N	N	N	N	N	N	N
194	B/O A 1	717980	4/29/2019	4/29/2019	5/11/2019	13	F	31+4	L	I	A	1800	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
195	B/O A 2	717984	4/29/2019	4/29/2019	5/11/2019	13	F	31+4	L	I	A	1620	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
196	B/O S	718616	4/25/2019	4/29/2019	5/1/2019	3	F	38	N	O	A	2480	N	N	N	Y	-	-	N	N	N	N	N	Y	N	N	N	N	N	N
197	B/O S	719199	4/30/2019	4/30/2019	5/4/2019	5	M	40	L	I	A	2920	N	N	N	Y	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
198	B/O J	719294	4/28/2019	4/28/2019	5/4/2019	7	M	36	F	I	A	2500	N	N	Y	N	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
199	B/O K	719769	5/1/2019	5/1/2019	5/6/2019	6	F	34	L	I	S	1340	N	Y	N	N	7	9	Y	Y	N	N	N	N	N	N	N	N	N	N
200	B/O G	719959	5/1/2019	5/1/2019	5/7/2019	7	M	37	L	O	A	3000	N	N	N	Y	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
201	B/O A	720072	5/2/2019	5/2/2019	5/6/2019	5	F	35	L	I	S	1200	N	Y	N	N	7	9	N	N	N	N	N	N	N	N	N	N	Y	N
202	B/O V 1	720557	5/2/2019	5/2/2019	5/11/2019	10	F	32+3	L	I	A	1660	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
203	B/O V 2	720561	5/2/2019	5/2/2019	5/13/2019	12	F	32+3	L	I	A	1400	N	Y	N	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
204	H	721418	5/3/2019	5/3/2019	5/12/2019	10	M	34+4	L	O	A	1900	N	N	Y	N	-	-	Y	Y	N	N	N	N	N	N	N	N	N	N
205	B/O A	721463	5/2/2019	5/2/2019	6/3/2019	32	M	28	N	O	A	1000	Y	N	N	N	-	-	Y	N	N	N	N	N	N	N	N	N	N	N
206	B/O S	722046	5/4/2019	5/4/2019	5/10/2019	7	F	34+3	L	I	A	2460	N	N	N	Y	6	9	Y	Y	N	N	N	N	N	N	N	N	N	N
207	B/O R	722185	5/5/2019	5/5/2019	5/17/2019	13	M	39+3	L	I	A	3060	N	N	N	Y	8	9	N	N	N	N	N	N	N	N	N	Y	N	N

S.No.	Name	MRD No.	Congenital renal anomaly	Birth asphyxia requiring bag and mask ventilaton	Need for ventilation (Days)	Duration of ventilatory support()	RDS	Need for surfactant	Apnea of prematuriy	Feed Intolerance	Need for inotropes	Need for CPAP	NEC	Need for phototherapy	Need For exchange transfusion	Abnormal ROP screening	Sepsis	Use of Nephrotoxic Drugs	Antibiotic drug used (in days)_C	A	P	N	M	V	Others	Antibitoic used	Need for ventilation_AT AKI	Duration of ventilatory upport ()_AT AKI	RDS_AT AKI	Feed Intolerance_AT AKI	Need for inotropes_AT AKI	Number of inotropes used_AT AKI	Need for CPAP_AT AKI	NEC_AT AKI
139	A	702760	N	N	N	-	N	N	N	N	N	Y	N	N	N	N	E	Y	7	7	-	-	-	-	-	2	-	-	-	-	-	-	-	-
140	B/O S	703207	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
141	B/O N	703166	N	Y	N	-	Y	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
142	B/O S	703999	N	Y	Y	1	Y	Y	N	N	N	Y	N	Y	N	N	E	Y	-	-	10	10	-	-	-	2	-	-	-	-	-	-	-	-
143	B/O G	704139	N	N	N	-	N	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
144	B/O G 1	704155	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
145	B/O G 2	704156	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
146	B/O S	704232	N	Y	Y	5	Y	Y	Y	Y	N	N	N	Y	N	N	L	Y	10	10	-	-	10	-	-	2	-	-	-	-	-	-	-	-
147	B/O J	705050	N	N	N	-	N	N	N	N	N	N	N	Y	N	N	N	Y	3	3	-	-	-	-	-	1	-	-	-	-	-	-	-	-
148	B/O M	705078	N	Y	Y	1	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
149	B/O K	705887	N	Y	Y	5	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	E	Y	7	7	-	-	-	-	-	2	-	-	-	-	-	-	-	-
150	B/O N	706572	N	N	N	-	Y	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
151	B/O A	706583	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
152	B/O A 1	709909	N	N	N	-	Y	N	N	N	N	Y	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
153	B/O A 2	709914	N	N	N	-	Y	N	N	N	N	Y	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
154	B/O M	709853	N	N	N	-	N	N	N	N	N	N	N	N	N	N	L	Y	-	7	7	-	-	-	-	1	-	-	-	-	-	-	-	-
155	B/O R	710239	N	Y	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
156	B/O A	710250	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
157	B/O K	708969	N	N	N	-	N	N	N	N	N	N	N	N	N	N	E	Y	5	5	-	-	-	-	-	1	-	-	-	-	-	-	-	-
158	B/O S	711616	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
159	B/O A	711638	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
160	B/O P	711694	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
161	B/O D	712056	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
162	B/O J	712210	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
163	B/O M	712298	N	N	N	-	Y	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
164	B/O P	712313	N	N	Y	5	N	N	N	N	Y	Y	N	Y	N	N	E	Y	5	5	-	-	-	-	-	1	-	-	-	-	-	-	-	-
165	B/O M	712477	N	N	Y	7	Y	Y	N	Y	Y	Y	N	Y	N	N	N	Y	10	10	-	-	-	-	-	2	Y	7	N	Y	Y	2	Y	N
166	B/O S	712926	N	N	Y	15	N	N	N	N	Y	Y	N	Y	N	N	E	Y	15	15	-	-	-	-	-	2	Y	15	N	N	Y	2	Y	N
167	B/O A	713009	N	N	Y	8	N	N	N	Y	Y	Y	N	Y	N	N	E	Y	5	5	10	10	-	-	-	2	Y	8	N	Y	Y	2	Y	N
168	B/O K	713062	N	Y	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
169	B/O S	713109	N	N	N	-	N	N	N	N	N	N	N	Y	N	N	N	Y	10	10	-	-	-	-	-	2	N	-	N	N	N	-	N	N
170	B/O N	713158	N	N	N	-	N	N	N	Y	N	Y	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
171	B/O R	713159	N	N	N	-	N	N	N	N	N	N	N	N	N	N	E	Y	5	5	-	-	-	-	-	1	-	-	-	-	-	-	-	-
172	B/O P	713153	N	N	Y	3	N	N	N	N	N	N	N	N	N	N	N	Y	10	10	-	-	-	-	-	2	-	-	-	-	-	-	-	-
173	B/O S 1	713202	N	Y	N	-	Y	N	N	N	N	N	N	Y	N	N	E	Y	5	5	-	-	-	-	-	1	N	-	N	N	N	-	Y	N
174	B/O S	713203	N	Y	N	-	Y	N	N	Y	N	Y	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
175	B/O S	713179	N	Y	N	-	Y	N	N	N	N	N	N	N	N	N	E	Y	5	5	-	-	-	-	-	1	-	-	-	-	-	-	-	-
176	B/O J	713759	N	N	N	-	Y	N	N	Y	N	Y	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
177	B/O M	713931	N	N	N	-	N	N	N	N	N	N	N	Y	N	N	E	Y	3	3	-	-	-	-	-	1	-	-	-	-	-	-	-	-
178	B/O U	713989	N	N	N	-	N	N	N	N	N	N	N	Y	N	N	E	Y	5	5	-	-	-	-	-	1	-	-	-	-	-	-	-	-
179	B/O V	714802	N	N	N	-	Y	Y	N	Y	Y	Y	N	Y	N	N	N	Y	5	5	-	-	-	-	-	1	N	-	Y	Y	Y	1	Y	N
180	B/O K	715363	N	N	N	-	Y	N	N	N	N	Y	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
181	B/O J	715519	N	N	N	-	N	N	N	N	Y	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	N	-	N	N	Y	1	N	N
182	B/O A	715746	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
183	B/O S	716057	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
184	B/O G	716129	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
185	B/O H	716206	N	Y	Y	7	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	E	Y	5	5	7	7	10	10	-	2	Y	7	Y	Y	Y	2	Y	Y
186	B/O R	716456	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
187	B/O G 2	716862	N	N	Y	12	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	E	Y	5	5	14	14	-	-	-	2	-	-	-	-	-	-	-	-
188	B/O G 1	716856	N	Y	Y	10	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	E	Y	10	10	10	-	10	10	-	2	Y	10	Y	Y	Y	2	Y	Y
189	B/O M	716887	N	Y	N	-	N	N	N	N	N	N	N	N	N	N	N	Y	3	3	-	-	-	-	-	1	-	-	-	-	-	-	-	-
190	B/O G	716895	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	E	Y	8	8	-	-	-	-	-	2	-	-	-	-	-	-	-	-
191	B/O S	717134	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
192	B/O R	717563	N	Y	Y	1	Y	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	Y	1	N	N	N	2	N	N
193	B/O A	717628	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	Y	3	3	-	-	-	-	-	1	-	-	-	-	-	-	-	-
194	B/O A 1	717980	N	N	N	-	Y	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
195	B/O A 2	717984	N	N	N	-	Y	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
196	B/O S	718616	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
197	B/O S	719199	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
198	B/O J	719294	N	N	N	-	N	N	N	N	N	N	N	N	N	N	E	Y	5	5	-	-	-	-	-	1	-	-	-	-	-	-	-	-
199	B/O K	719769	N	N	N	-	Y	N	N	N	N	Y	N	N	N	N	N	Y	3	3	-	-	-	-	-	1	-	-	-	-	-	-	-	-
200	B/O G	719959	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	Y	5	5	-	-	-	-	-	1	-	-	-	-	-	-	-	-
201	B/O A	720072	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	Y	5	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-
202	B/O V 1	720557	N	N	N	-	Y	N	N	N	N	Y	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
203	B/O V 2	720561	N	N	N	-	Y	N	N	N	N	Y	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
204	H	721418	N	N	N	-	Y	N	N	N	N	Y	N	N	N	N	N	Y	5	5	-	-	-	-	-	1	-	-	-	-	-	-	-	-
205	B/O A	721463	N	N	Y	4	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	E	Y	10	10	10	10	-	-	-	2	Y	4	Y	Y	Y	2	Y	Y
206	B/O S	722046	N	Y	N	-	Y	Y	N	N	N	Y	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
207	B/O R	722185	N	N	N	-	N	N	N	Y	N	N	N	N	N	N	N	Y	10	10	-	-	-	-	-	2	-	-	-	-	-	-	-	-

S.No.	Name	MRD No.	Sepsis screen_AT AKI	Metabolic Acidosis_AT AKI	PDA_AT AKI	MATERNAL VARIABLES_Age (years)	Infections	Diabetes	Hypothyroidism	Chronic hypertension	Kidney disease	Pre-eclampsia	Eclampsia	Intrauterine growth retardation	Oligohydramnios	Polyhydramnios	Haemorrhage	Multiple gestation	Assisted Conception	Antepartum complication	STAGE OF KIDNEY INJURY	AKI COMPLICATIONS_Hyperkalemia (>5.5 meq/l)	Acidosis	Pulmonary Edema	Volume Overload	Hyponatremia(<130meq/l)	Anemia
139	A	702760	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
140	B/O S	703207	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
141	B/O N	703166	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
142	B/O S	703999	-	-	-	-	N	N	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
143	B/O G	704139	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
144	B/O G 1	704155	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	-	-	-	-	-	-	-
145	B/O G 2	704156	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	-	-	-	-	-	-	-
146	B/O S	704232	-	-	-	-	N	N	N	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-
147	B/O J	705050	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
148	B/O M	705078	-	-	-	-	N	N	N	N	N	N	N	N	N	N	Y	N	N	N	-	-	-	-	-	-	-
149	B/O K	705887	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
150	B/O N	706572	-	-	-	-	N	Y	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
151	B/O A	706583	-	-	-	-	N	N	N	N	N	N	N	N	Y	N	N	N	N	N	-	-	-	-	-	-	-
152	B/O A 1	709909	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	N	N	-	-	-	-	-	-	-
153	B/O A 2	709914	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	N	N	-	-	-	-	-	-	-
154	B/O M	709853	-	-	-	-	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
155	B/O R	710239	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
156	B/O A	710250	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
157	B/O K	708969	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
158	B/O S	711616	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
159	B/O A	711638	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
160	B/O P	711694	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
161	B/O D	712056	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
162	B/O J	712210	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
163	B/O M	712298	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
164	B/O P	712313	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
165	B/O M	712477	N	N	N	25	N	Y	Y	N	N	N	N	N	N	Y	N	N	N	Y	1	N	Y	N	N	N	N
166	B/O S	712926	Y	Y	N	28	Y	Y	Y	N	N	N	N	N	N	N	Y	N	Y	N	1	N	Y	N	N	N	N
167	B/O A	713009	Y	Y	Y	29	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	1	N	N	N	Y	N	N
168	B/O K	713062	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
169	B/O S	713109	N	Y	N	28	N	Y	Y	N	N	N	N	N	N	N	N	N	Y	N	1	N	N	N	N	N	N
170	B/O N	713158	-	-	-	-	N	N	N	N	N	Y	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
171	B/O R	713159	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
172	B/O P	713153	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
173	B/O S 1	713202	N	N	Y	29	N	N	Y	Y	Y	Y	N	Y	N	N	N	Y	N	N	2	N	Y	N	N	N	Y
174	B/O S	713203	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
175	B/O S	713179	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
176	B/O J	713759	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
177	B/O M	713931	-	-	-	-	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
178	B/O U	713989	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
179	B/O V	714802	N	Y	N	28	N	N	N	N	N	N	N	N	N	N	N	N	N	N	1	Y	Y	N	N	N	N
180	B/O K	715363	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
181	B/O J	715519	N	N	N	29	N	Y	Y	N	N	N	N	N	N	N	N	N	N	N	1	N	N	N	N	N	N
182	B/O A	715746	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
183	B/O S	716057	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
184	B/O G	716129	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
185	B/O H	716206	Y	Y	Y	28	Y	Y	Y	N	N	Y	N	N	N	N	N	N	Y	N	3	Y	Y	Y	Y	Y	Y
186	B/O R	716456	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
187	B/O G 2	716862	-	-	-	-	N	N	Y	N	N	N	N	N	N	N	N	Y	Y	N	-	-	-	-	-	-	-
188	B/O G 1	716856	Y	Y	Y	29	Y	Y	Y	N	N	N	N	N	N	N	N	Y	Y	N	1	Y	Y	Y	Y	Y	Y
189	B/O M	716887	-	-	-	-	N	N	N	N	N	N	Y	N	N	N	N	N	N	N	-	-	-	-	-	-	-
190	B/O G	716895	-	-	-	-	N	N	N	N	N	N	N	N	N	N	Y	N	N	N	-	-	-	-	-	-	-
191	B/O S	717134	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
192	B/O R	717563	N	N	N	29	N	N	N	N	N	N	N	N	N	N	N	N	Y	N	1	N	N	N	N	N	N
193	B/O A	717628	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
194	B/O A 1	717980	-	-	-	-	N	N	N	N	N	N	N	N	Y	N	N	Y	N	N	-	-	-	-	-	-	-
195	B/O A 2	717984	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	N	N	-	-	-	-	-	-	-
196	B/O S	718616	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
197	B/O S	719199	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
198	B/O J	719294	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
199	B/O K	719769	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
200	B/O G	719959	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
201	B/O A	720072	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
202	B/O V 1	720557	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	-	-	-	-	-	-	-
203	B/O V 2	720561	-	-	-	-	N	N	N	N	N	N	N	N	N	Y	Y	Y	Y	N	-	-	-	-	-	-	-
204	H	721418	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
205	B/O A	721463	Y	Y	Y	30	Y	Y	N	Y	Y	Y	N	N	Y	Y	Y	N	N	N	1	N	Y	N	N	N	Y
206	B/O S	722046	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
207	B/O R	722185	-	-	-	-	N	N	N	N	N	N	N	N	Y	N	N	N	N	N	-	-	-	-	-	-	-

S.No.	Name	MRD No.	Hypertension	GI bleed	Day of Onset of AKI	Probable Cause of AKI_Sepsis	Dehydration	Shock	Nephrotoxic drugs	others	Need of Renal Replacement Therapy	Outcome	AKI RESOLVED	AKI
139	A	702760	-	-	-	-	-	-	-	-	-	D	-	N
140	B/O S	703207	-	-	-	-	-	-	-	-	-	D	-	N
141	B/O N	703166	-	-	-	-	-	-	-	-	-	D	-	N
142	B/O S	703999	-	-	-	-	-	-	-	-	-	D	-	N
143	B/O G	704139	-	-	-	-	-	-	-	-	-	D	-	N
144	B/O G 1	704155	-	-	-	-	-	-	-	-	-	D	-	N
145	B/O G 2	704156	-	-	-	-	-	-	-	-	-	D	-	N
146	B/O S	704232	-	-	-	-	-	-	-	-	-	DAMA	-	N
147	B/O J	705050	-	-	-	-	-	-	-	-	-	D	-	N
148	B/O M	705078	-	-	-	-	-	-	-	-	-	D	-	N
149	B/O K	705887	-	-	-	-	-	-	-	-	-	DAMA	-	N
150	B/O N	706572	-	-	-	-	-	-	-	-	-	D	-	N
151	B/O A	706583	-	-	-	-	-	-	-	-	-	D	-	N
152	B/O A 1	709909	-	-	-	-	-	-	-	-	-	D	-	N
153	B/O A 2	709914	-	-	-	-	-	-	-	-	-	D	-	N
154	B/O M	709853	-	-	-	-	-	-	-	-	-	DOR	-	N
155	B/O R	710239	-	-	-	-	-	-	-	-	-	DOR	-	N
156	B/O A	710250	-	-	-	-	-	-	-	-	-	DAMA	-	N
157	B/O K	708969	-	-	-	-	-	-	-	-	-	D	-	N
158	B/O S	711616	-	-	-	-	-	-	-	-	-	D	-	N
159	B/O A	711638	-	-	-	-	-	-	-	-	-	D	-	N
160	B/O P	711694	-	-	-	-	-	-	-	-	-	D	-	N
161	B/O D	712056	-	-	-	-	-	-	-	-	-	D	-	N
162	B/O J	712210	-	-	-	-	-	-	-	-	-	D	-	N
163	B/O M	712298	-	-	-	-	-	-	-	-	-	D	-	N
164	B/O P	712313	-	-	-	-	-	-	-	-	-	D	-	N
165	B/O M	712477	N	N	4	Y	N	Y	N	N	N	D	Y	Y
166	B/O S	712926	N	N	4	Y	N	N	N	N	N	DOR	Y	Y
167	B/O A	713009	N	N	4	Y	N	Y	N	N	N	DOR	Y	Y
168	B/O K	713062	-	-	-	-	-	-	-	-	-	D	-	N
169	B/O S	713109	N	N	7	N	N	N	Y	N	N	DOR	N	Y
170	B/O N	713158	-	-	-	-	-	-	-	-	-	D	-	N
171	B/O R	713159	-	-	-	-	-	-	-	-	-	D	-	N
172	B/O P	713153	-	-	-	-	-	-	-	-	-	D	-	N
173	B/O S 1	713202	N	Y	14	N	Y	N	N	N	N	DOR	N	Y
174	B/O S	713203	-	-	-	-	-	-	-	-	-	DOR	-	N
175	B/O S	713179	-	-	-	-	-	-	-	-	-	DOR	-	N
176	B/O J	713759	-	-	-	-	-	-	-	-	-	D	-	N
177	B/O M	713931	-	-	-	-	-	-	-	-	-	D	-	N
178	B/O U	713989	-	-	-	-	-	-	-	-	-	D	-	N
179	B/O V	714802	N	N	5	N	N	Y	N	N	N	D	Y	Y
180	B/O K	715363	-	-	-	-	-	-	-	-	-	D	-	N
181	B/O J	715519	N	N	14	Y	N	N	N	N	N	DAMA	N	Y
182	B/O A	715746	-	-	-	-	-	-	-	-	-	D	-	N
183	B/O S	716057	-	-	-	-	-	-	-	-	-	D	-	N
184	B/O G	716129	-	-	-	-	-	-	-	-	-	D	-	N
185	B/O H	716206	Y	Y	22	Y	N	Y	Y	N	N	D	Y	Y
186	B/O R	716456	-	-	-	-	-	-	-	-	-	D	-	N
187	B/O G 2	716862	-	-	-	-	-	-	-	-	-	D	-	N
188	B/O G 1	716856	N	N	5	Y	Y	Y	Y	N	N	D	N	Y
189	B/O M	716887	-	-	-	-	-	-	-	-	-	D	-	N
190	B/O G	716895	-	-	-	-	-	-	-	-	-	D	-	N
191	B/O S	717134	-	-	-	-	-	-	-	-	-	DOR	-	N
192	B/O R	717563	N	N	4	N	Y	Y	N	N	N	DOR	N	Y
193	B/O A	717628	-	-	-	-	-	-	-	-	-	DAMA	-	N
194	B/O A 1	717980	-	-	-	-	-	-	-	-	-	D	-	N
195	B/O A 2	717984	-	-	-	-	-	-	-	-	-	D	-	N
196	B/O S	718616	-	-	-	-	-	-	-	-	-	D	-	N
197	B/O S	719199	-	-	-	-	-	-	-	-	-	D	-	N
198	B/O J	719294	-	-	-	-	-	-	-	-	-	D	-	N
199	B/O K	719769	-	-	-	-	-	-	-	-	-	D	-	N
200	B/O G	719959	-	-	-	-	-	-	-	-	-	DOR	-	N
201	B/O A	720072	-	-	-	-	-	-	-	-	-	DOR	-	N
202	B/O V 1	720557	-	-	-	-	-	-	-	-	-	D	-	N
203	B/O V 2	720561	-	-	-	-	-	-	-	-	-	DOR	-	N
204	H	721418	-	-	-	-	-	-	-	-	-	D	-	N
205	B/O A	721463	N	N	5	N	N	Y	N	N	N	DAMA	N	Y
206	B/O S	722046	-	-	-	-	-	-	-	-	-	D	-	N
207	B/O R	722185	-	-	-	-	-	-	-	-	-	D	-	N

S.No.	Name	MRD No.	DOB	DOA	DOD	Duration of hospital stay (days)	Gender	Gestation (weeks)	Mode of delivery	Site of delivery	Growth status	Birth Weight in Grms	Birth weight (grams)_< 1000	1001-1500	1501-2500	>2501	Apgar score (for inborn)_ 1 min	Apgar score (for inborn)_ 5min	Prematurity <35 weeks	Respiratory Distress	Sepsis	Perinatal Asphyxia	Seizures	Hypoglycemia	Hyperbilirubinaemia	Congenital Heart disease	Necrotising Enterocolitis	Surgical Cause	Small for gestational age	Large for gestational age
208	B/O N	722111	4/30/2019	5/4/2019	5/9/2019	6	F	35	L	O	S	1500	N	Y	N	N	-	-	N	N	Y	N	N	N	N	N	N	N	N	N
209	B/O P	723795	5/7/2019	5/7/2019	5/11/2019	5	F	33	N	I	A	2200	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
210	B/O B	723897	5/5/2019	5/7/2019	5/15/2019	8	F	37	L	O	A	2700	N	N	N	Y	-	-	N	N	N	Y	N	N	N	N	N	N	N	N
211	B/O R	723925	5/4/2019	5/4/2019	6/1/2019	28	M	38	F	O	A	3100	N	N	N	Y	-	-	N	N	Y	N	N	N	N	N	N	N	N	N
212	B/O M 1	724364	5/8/2019	5/8/2019	5/11/2019	4	M	33+3	L	I	A	2360	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
213	B/O M 2	724368	5/8/2019	5/8/2019	5/11/2019	4	F	33+3	L	I	A	1905	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
214	B/O N	724650	5/8/2019	5/8/2019	5/18/2019	10	F	39+1	F	O	A	3100	N	N	N	Y	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
215	B/O P	713153	4/18/2019	5/9/2019	6/2/2019	25	M	33+6	L	O	S	1700	N	N	Y	N	-	-	N	N	N	N	N	N	N	N	N	N	N	N
216	B/O K	725291	5/9/2019	5/9/2019	5/16/2019	8	F	34+5	L	I	A	1820	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
217	B/O K	725447	5/9/2019	5/9/2019	5/14/2019	6	F	39	L	O	A	3000	N	N	N	Y	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
218	B/O G	726261	5/11/2019	5/11/2019	5/22/2019	12	F	32+4	L	I	A	1860	N	N	Y	N	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
219	B/O P	726367	5/11/2019	5/11/2019	5/15/2019	5	F	37+2	L	I	A	2460	N	N	Y	N	5	8	N	N	N	Y	N	N	N	N	N	N	N	N
220	B/O S	726941	5/10/2019	5/11/2019	5/15/2019	5	M	35	L	O	A	2500	N	N	Y	N	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
221	B/O K	727283	5/13/2019	5/13/2019	6/12/2019	29	M	27+4	N	O	A	860	Y	N	N	N	-	-	Y	Y	N	N	N	N	N	N	N	N	N	N
222	B/O D 1	728572	5/14/2019	5/14/2019	5/19/2019	6	M	34+1	L	I	A	1900	N	N	Y	N	5	9	Y	Y	N	N	N	N	N	N	N	N	N	N
223	B/O D 2	728575	5/14/2019	5/14/2019	5/19/2019	6	M	34+1	L	I	A	1800	N	N	Y	N	5	9	Y	Y	N	N	N	N	N	N	N	N	N	N
224	B/O R	768625	5/11/2019	5/14/2019	5/25/2019	12	F	39+6	L	O	A	2650	N	N	N	Y	-	-	N	N	Y	N	N	N	N	N	N	N	N	N
225	B/O K	728623	5/14/2019	5/14/2019	5/20/2019	6	M	35	N	O	A	2800	N	N	N	Y	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
226	B/O S	729352	5/14/2019	5/15/2019	5/17/2019	3	M	38	N	O	A	3000	N	N	N	Y	-	-	N	N	N	N	Y	N	N	N	N	N	N	N
227	B/O G 1	729459	5/16/2019	5/16/2019	5/20/2019	5	M	27+1	L	I	A	1140	N	Y	N	N	6	8	Y	N	N	N	N	N	N	N	N	N	N	N
228	B/O G 2	729458	5/16/2019	5/16/2019	5/22/2019	7	M	27+1	L	I	A	1060	N	Y	N	N	5	8	Y	Y	N	N	N	N	N	N	N	N	N	N
229	B/O V	730793	5/17/2019	5/17/2019	5/21/2019	5	M	35+1	N	I	A	2280	N	N	Y	N	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
230	B/O M	731387	5/18/2019	5/18/2019	5/20/2019	3	M	36	L	I	A	1420	N	Y	N	N	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
231	B/O R	731525	5/19/2019	5/19/2019	5/31/2019	12	M	31+4	L	I	A	1700	N	N	Y	N	7	9	N	Y	N	N	N	N	N	N	N	N	N	N
232	B/O M	731888	5/20/2019	5/20/2019	5/24/2019	5	M	38+5	L	I	A	2840	N	N	N	Y	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
233	B/O T	732120	5/20/2019	5/20/2019	5/24/2019	5	M	37+6	L	I	A	2800	N	N	N	Y	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
234	B/O S	733047	5/21/2019	5/21/2019	5/27/2019	7	F	32+4	L	I	A	1700	N	N	Y	N	8	9	Y	N	N	N	N	N	N	N	N	N	N	N
235	B/O G	733209	5/22/2019	5/22/2019	5/27/2019	6	F	26+6	L	I	A	825	Y	N	N	N	7	9	Y	N	N	N	N	N	N	N	N	N	N	N
236	B/O A	733923	5/22/2019	5/22/2019	6/4/2019	12	M	28+3	L	I	A	1430	N	Y	N	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
237	B/O N	733930	5/22/2019	5/22/2019	6/20/2019	38	F	32+4	L	I	S	1060	N	Y	N	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
238	B/O N	734064	5/23/2019	5/23/2019	6/24/2019	32	M	28+1	N	I	A	1040	N	Y	N	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
239	B/O K	726497	5/21/2019	5/23/2019	5/25/2019	3	M	39	N	O	A	2560	N	N	N	Y	-	-	N	N	Y	N	N	N	N	N	N	N	N	N
240	B/O S	735080	5/24/2019	5/24/2019	6/4/2019	12	M	37+6	L	O	A	3200	N	N	N	Y	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
241	B/O I	735145	5/24/2019	5/24/2019	5/29/2019	6	M	35	L	I	A	1990	N	N	Y	N	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
242	B/O J	735935	5/24/2019	5/25/2019	6/8/2019	15	M	35+3	L	O	A	2280	N	N	Y	N	-	-	N	N	Y	N	N	N	N	N	N	N	N	N
243	B/O S	736706	5/27/2019	5/27/2019	6/1/2019	6	M	23+3	N	I	S	635	Y	N	N	N	6	7	Y	Y	N	N	N	N	N	N	N	N	N	N
244	B/O K 1	737509	5/28/2019	5/28/2019	6/6/2019	10	M	35	L	I	A	2500	N	N	Y	N	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
245	B/O K 2	737512	5/28/2019	5/28/2019	6/6/2019	10	F	35	L	I	A	1840	N	N	Y	N	7	9	N	Y	N	N	N	N	N	N	N	N	N	N
246	B/O D	737694	5/10/2019	5/28/2019	6/10/2019	14	M	35	L	O	A	2500	N	N	Y	N	-	-	N	N	N	Y	N	N	N	N	N	N	N	N
247	B/O S	737684	5/27/2019	5/28/2019	6/4/2019	8	M	37+4	L	O	A	2900	N	N	N	Y	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
248	B/O N	737780	5/28/2019	5/28/2019	5/30/2019	3	F	39+2	L	O	A	2960	N	N	N	Y	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
249	B/O A	806463	5/31/2019	6/1/2019	6/4/2019	4	F	38+6	L	I	A	2650	N	N	N	Y	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
250	B/O S	739825	5/29/2019	6/1/2019	6/8/2019	9	M	37+4	L	O	S	2260	N	N	Y	N	-	-	N	N	Y	N	N	Y	N	N	N	N	N	N
251	B/O N	740478	6/1/2019	6/1/2019	6/28/2019	27	M	30+2	L	I	A	1320	N	Y	N	N	7	9	Y	N	N	N	N	N	N	N	N	N	N	N
252	B/O G	739089	5/30/2019	6/1/2019	6/12/2019	12	M	38+3	L	I	A	3960	N	N	N	Y	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
253	B/O H	739925	6/3/2019	6/3/2019	6/5/2019	3	M	37+3	L	I	A	2500	N	N	Y	N	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
254	B/O A	741486	6/3/2019	6/4/2019	6/7/2019	4	M	36+3	L	O	A	2500	N	N	Y	N	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
255	B/O D	741490	6/3/2019	6/4/2019	6/7/2019	4	F	31+6	L	I	S	1200	N	Y	N	N	5	8	Y	Y	N	Y	N	N	N	N	N	N	N	N
256	B/O M	742122	6/4/2019	6/4/2019	6/10/2019	7	F	34+4	N	O	A	2000	N	N	Y	N	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
257	B/O S	742137	6/5/2019	6/5/2019	6/14/2019	10	M	37	L	I	A	2500	N	N	Y	N	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
258	B/O A 1	742812	6/5/2019	6/5/2019	6/21/2019	17	M	31+3	L	I	A	1610	N	N	Y	N	5	8	Y	Y	N	Y	N	N	N	N	N	N	N	N
259	B/O A 2	742813	6/5/2019	6/5/2019	6/21/2019	17	M	31+3	L	I	A	1610	N	N	Y	N	5	8	Y	Y	N	Y	N	N	N	N	N	N	N	N
260	B/O S	711616	4/18/2019	6/4/2019	6/13/2019	10	M	26+2	N	I	A	960	Y	N	N	N	4	7	Y	Y	N	Y	N	N	N	N	N	N	N	N
261	B/O J	742442	6/5/2019	6/5/2019	6/10/2019	5	M	37+4	L	I	A	2880	N	N	N	Y	7	9	N	Y	N	N	N	N	N	N	N	N	N	N
262	B/O V	743411	6/5/2019	6/6/2019	6/8/2019	3	M	30	L	O	A	2000	N	N	Y	N	-	-	N	N	N	N	N	N	N	N	N	Y	N	N
263	B/O M	743480	6/6/2019	6/6/2019	6/14/2019	9	M	33+4	L	I	A	2040	N	N	Y	N	5	8	Y	N	N	Y	N	N	N	N	N	N	N	N
264	B/O D 1	743843	6/7/2019	6/7/2019	6/15/2019	9	M	33+6	L	I	A	1840	N	N	Y	N	5	6	Y	Y	N	Y	N	N	N	N	N	N	N	N
265	B/O D 2	743848	6/7/2019	6/7/2019	6/19/2019	13	M	33+6	L	I	A	1330	N	Y	N	N	8	9	Y	Y	N	Y	N	N	N	N	N	N	N	N
266	B/O H	744913	6/7/2019	6/8/2019	6/18/2019	10	M	35+6	L	O	A	2300	N	N	Y	N	-	-	N	Y	N	Y	N	N	N	N	N	N	N	N
267	B/O K	744979	6/7/2019	6/9/2019	6/14/2019	6	M	39+1	L	O	S	2200	N	N	Y	N	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
268	A	745048	5/20/2019	6/9/2019	6/19/2019	10	M	34+5	N	O	S	2520	N	N	N	Y	-	-	N	Y	N	N	N	N	N	Y	N	N	N	N
269	B/O S 1	745082	6/10/2019	6/10/2019	6/12/2019	3	M	33+5	L	O	A	2000	N	N	Y	N	-	-	Y	Y	N	N	N	N	N	N	N	N	N	N
270	B/O S 2	745080	6/10/2019	6/10/2019	6/12/2019	3	M	33+5	L	O	A	2100	N	N	Y	N	-	-	Y	N	N	N	N	N	N	N	N	N	N	N
271	B/O R	745795	6/10/2019	6/10/2019	6/23/2019	13	F	39+3	L	O	A	3000	N	N	N	Y	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
272	B/O G	745859	6/7/2019	6/10/2019	6/21/2019	11	F	34+5	N	O	L	3200	N	N	N	Y	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
273	B/O A	746586	6/11/2019	6/11/2019	6/17/2019	6	M	38+2	L	O	A	3600	N	N	N	Y	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
274	B/O M	747183	6/12/2019	6/12/2019	6/19/2019	7	F	32+2	L	I	A	2100	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
275	B/O H	747319	6/12/2019	6/12/2019	6/18/2019	6	M	37	L	O	A	3300	N	N	N	Y	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
276	B/O N	747598	6/13/2019	6/13/2019	6/20/2019	7	M	32	L	I	A	2060	N	N	Y	N	8	9	N	Y	N	N	N	N	N	N	N	N	N	N

S.No.	Name	MRD No.	Congenital renal anomaly	Birth asphyxia requiring bag and mask ventilaton	Need for ventilation (Days)	Duration of ventilatory support()	RDS	Need for surfactant	Apnea of prematuriy	Feed Intolerance	Need for inotropes	Need for CPAP	NEC	Need for photother apy	Need For exchange transfusion	Abnormal ROP screening	Sepsis	Use of Nephrotoxic Drugs	Antibiotic drug used (in days)_C	A	P	N	M	V	Others	Antibitoic used	Need for ventilation_ AT AKI	Duration of ventilatory upport ()_AT AKI	RDS_AT AKI	Feed Intolerance _AT AKI	Need for inotropes_ AT AKI	Number of inotropes used_AT AKI	Need for CPAP_A T AKI	NEC_AT AKI
208	B/O N	722111	N	N	N	-	N	N	N	N	N	N	N	N	N	N	E	Y	-	5	-	-	5	-	-	1	-	-	-	-	-	-	-	-
209	B/O P	723795	N	N	N	-	Y	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
210	B/O B	723897	N	N	Y	5	Y	Y	N	N	Y	N	N	Y	N	N	N	Y	5	5	-	-	-	-	-	1	Y	5	Y	N	Y	2	Y	N
211	B/O R	723925	N	N	N	-	N	N	N	N	N	N	N	Y	N	N	L	Y	10	10	10	10	-	-	-	2	N	-	N	N	N	-	N	N
212	B/O M 1	724364	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
213	B/O M 2	724368	N	N	N	-	Y	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
214	B/O N	724650	N	N	Y	5	N	N	N	N	N	N	N	N	N	N	N	Y	5	5	-	-	-	-	-	1	-	-	-	-	-	-	-	-
215	B/O P	713153	N	N	Y	3	N	N	N	N	Y	N	N	N	N	N	N	Y	10	10	-	-	-	-	-	2	-	-	-	-	-	-	-	-
216	B/O K	725291	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
217	B/O K	725447	N	N	N	-	N	N	N	N	N	Y	N	N	N	N	N	Y	5	5	-	-	-	-	-	1	-	-	-	-	-	-	-	-
218	B/O G	726261	N	N	N	-	Y	N	N	N	N	Y	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
219	B/O P	726367	N	Y	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
220	B/O S	726941	N	Y	N	-	N	N	N	N	N	Y	N	N	N	N	N	Y	5	5	-	-	-	-	-	1	-	-	-	-	-	-	-	-
221	B/O K	727283	N	N	Y	21	Y	Y	Y	Y	N	Y	Y	Y	N	N	E	Y	14	14	-	-	14	14	-	2	-	-	-	-	-	-	-	-
222	B/O D 1	728572	N	Y	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
223	B/O D 2	728575	N	Y	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
224	B/O R	768625	N	N	Y	5	N	N	N	N	N	N	N	N	N	N	E	Y	-	-	-	-	11	11	-	2	-	-	-	-	-	-	-	-
225	B/O K	728623	N	N	N	-	Y	N	N	N	N	Y	N	Y	N	N	N	Y	5	5	-	-	-	-	-	1	-	-	-	-	-	-	-	-
226	B/O S	729352	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
227	B/O G 1	729459	N	Y	N	-	Y	Y	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
228	B/O G 2	729458	N	Y	Y	6	Y	Y	N	N	N	N	N	Y	N	N	E	Y	5	5	-	-	-	-	-	1	-	-	-	-	-	-	-	-
229	B/O V	730793	N	N	N	-	Y	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
230	B/O M	731387	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
231	B/O R	731525	N	Y	N	-	Y	N	N	N	N	Y	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
232	B/O M	731888	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
233	B/O T	732120	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
234	B/O S	733047	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
235	B/O G	733209	N	Y	Y	3	Y	Y	N	N	N	Y	N	Y	N	N	N	Y	-	3	-	-	-	-	-	1	-	-	-	-	-	-	-	-
236	B/O A	733923	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	N	Y	7	7	-	-	-	-	-	2	-	-	-	-	-	-	-	-
237	B/O N	733930	N	N	N	-	Y	N	N	N	N	Y	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
238	B/O N	734064	N	N	N	-	Y	N	Y	N	N	Y	N	Y	N	N	N	Y	5	5	-	-	-	-	-	1	-	-	-	-	-	-	-	-
239	B/O K	726497	N	N	N	-	N	N	N	N	N	N	N	N	N	N	L	Y	3	3	-	-	-	-	-	1	-	-	-	-	-	-	-	-
240	B/O S	735080	N	N	Y	11	Y	N	N	N	Y	N	N	N	N	N	E	Y	-	-	-	-	7	7	-	1	-	-	-	-	-	-	-	-
241	B/O I	735145	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
242	B/O J	735935	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	L	Y	10	10	-	-	-	-	-	2	-	-	-	-	-	-	-	-
243	B/O S	736706	N	Y	Y	6	Y	Y	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
244	B/O K 1	737509	N	N	N	-	Y	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
245	B/O K 2	737512	N	Y	N	-	Y	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
246	B/O D	737694	N	N	N	-	Y	N	N	N	N	Y	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
247	B/O S	737684	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	Y	7	7	-	-	-	-	-	2	-	-	-	-	-	-	-	-
248	B/O N	737780	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
249	B/O A	806463	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
250	B/O S	739825	N	N	N	-	N	N	N	N	N	N	N	Y	N	N	L	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
251	B/O N	740478	N	N	N	-	Y	N	N	N	N	Y	N	N	N	N	L	Y	3	3	1	1	14	3	-	2	-	-	-	-	-	-	-	-
252	B/O G	739089	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
253	B/O H	739925	N	N	N	-	Y	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
254	B/O A	741486	N	N	N	-	Y	N	N	N	N	Y	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
255	B/O D	741490	N	Y	Y	2	Y	Y	N	N	N	Y	N	Y	N	N	N	Y	2	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-
256	B/O M	742122	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
257	B/O S	742137	N	N	N	-	Y	N	N	N	N	Y	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
258	B/O A 1	742812	N	Y	Y	2	Y	N	N	N	N	Y	N	Y	N	N	N	Y	5	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-
259	B/O A 2	742813	N	Y	Y	3	Y	N	N	N	N	Y	N	Y	N	N	N	Y	5	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-
260	B/O S	711616	N	Y	Y	2	Y	Y	Y	Y	N	Y	N	N	N	N	L	Y	5	5	-	7	-	-	-	1	-	-	-	-	-	-	-	-
261	B/O J	742442	N	Y	N	-	Y	N	N	N	N	N	N	N	N	N	L	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
262	B/O V	743411	N	N	Y	3	N	N	N	N	Y	N	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
263	B/O M	743480	N	Y	Y	3	Y	N	N	N	N	Y	N	Y	N	N	N	Y	3	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-
264	B/O D 1	743843	N	Y	Y	4	Y	N	N	N	N	Y	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
265	B/O D 2	743848	N	N	N	-	Y	N	N	N	N	Y	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
266	B/O H	744913	N	N	Y	5	Y	N	N	N	N	Y	N	Y	N	N	N	Y	7	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-
267	B/O K	744979	N	N	Y	6	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	Y	6	Y	N	N	-	Y	N
268	A	745048	N	N	N	-	N	N	N	N	N	Y	N	N	N	N	N	Y	7	7	-	-	-	-	-	2	-	-	-	-	-	-	-	-
269	B/O S 1	745082	N	N	N	-	N	N	N	N	N	Y	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
270	B/O S 2	745080	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
271	B/O R	745795	N	Y	Y	10	N	Y	N	N	Y	Y	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
272	B/O G	745859	N	N	N	-	Y	N	N	N	N	Y	N	Y	N	N	N	Y	7	-	7	-	-	-	-	2	-	-	-	-	-	-	-	-
273	B/O A	746586	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
274	B/O M	747183	N	N	N	-	Y	N	N	N	N	Y	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
275	B/O H	747319	N	N	N	-	N	N	N	N	N	N	N	N	N	N	E	Y	7	7	-	-	-	-	-	2	-	-	-	-	-	-	-	-
276	B/O N	747598	N	N	N	-	Y	Y	N	N	N	Y	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

S.No.	Name	MRD No.	Sepsis screen_AT AKI	Metabolic Acidosis_AT AKI	PDA_AT AKI	MATERNAL VARIABLES_Age (years)	Infections	Diabetes	Hypothyroidism	Chronic hypertension	Kidney disease	Pre-eclampsia	Eclampsia	Intrauterine growth retardation	Oligohydramnios	Polyhydramnios	Haemorrhage	Multiple gestation	Assisted Conception	Antepartum complication	STAGE OF KIDNEY INJURY	AKI COMPLICATIONS_Hyperkalemia (>5.5 meq/l)	Acidosis	Pulmonary Edema	Volume Overload	Hyponatremia(<130meq/l)	Anemia
208	B/O N	722111	-	-	-	-	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
209	B/O P	723795	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
210	B/O B	723897	N	Y	N	30	N	N	N	N	N	N	N	N	N	N	Y	N	N	N	1	N	N	N	N	N	N
211	B/O R	723925	Y	N	N	28	N	N	N	N	N	N	N	N	N	N	N	N	N	N	1	N	N	N	N	N	N
212	B/O M 1	724364	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	-	-	-	-	-	-	-
213	B/O M 2	724368	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	-	-	-	-	-	-	-
214	B/O N	724650	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
215	B/O P	713153	-	-	-	-	N	N	Y	N	N	Y	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
216	B/O K	725291	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
217	B/O K	725447	-	-	-	-	N	N	N	N	N	N	N	N	N	N	Y	N	N	N	-	-	-	-	-	-	-
218	B/O G	726261	-	-	-	-	N	N	N	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-
219	B/O P	726367	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
220	B/O S	726941	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
221	B/O K	727283	-	-	-	-	N	N	Y	N	N	N	N	Y	N	N	N	N	N	N	-	-	-	-	-	-	-
222	B/O D 1	728572	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	N	N	-	-	-	-	-	-	-
223	B/O D 2	728575	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	N	N	-	-	-	-	-	-	-
224	B/O R	768625	-	-	-	-	N	N	N	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-
225	B/O K	728623	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
226	B/O S	729352	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
227	B/O G 1	729459	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	-	-	-	-	-	-	-
228	B/O G 2	729458	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	-	-	-	-	-	-	-
229	B/O V	730793	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
230	B/O M	731387	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
231	B/O R	731525	-	-	-	-	N	N	N	N	N	N	N	N	N	Y	Y	N	N	N	-	-	-	-	-	-	-
232	B/O M	731888	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
233	B/O T	732120	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
234	B/O S	733047	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
235	B/O G	733209	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
236	B/O A	733923	-	-	-	-	N	N	N	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-
237	B/O N	733930	-	-	-	-	N	N	N	Y	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
238	B/O N	734064	-	-	-	-	N	N	N	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-
239	B/O K	726497	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
240	B/O S	735080	-	-	-	-	N	N	N	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-
241	B/O I	735145	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
242	B/O J	735935	-	-	-	-	Y	N	N	N	Y	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
243	B/O S	736706	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
244	B/O K 1	737509	-	-	-	-	N	N	N	N	N	N	N	N	N	N	Y	Y	Y	N	-	-	-	-	-	-	-
245	B/O K 2	737512	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	-	-	-	-	-	-	-
246	B/O D	737694	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
247	B/O S	737684	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
248	B/O N	737780	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
249	B/O A	806463	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
250	B/O S	739825	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
251	B/O N	740478	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
252	B/O G	739089	-	-	-	-	N	N	N	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-
253	B/O H	739925	-	-	-	-	N	N	N	N	N	N	N	N	N	N	Y	N	N	N	-	-	-	-	-	-	-
254	B/O A	741486	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
255	B/O D	741490	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
256	B/O M	742122	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
257	B/O S	742137	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
258	B/O A 1	742812	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	N	N	-	-	-	-	-	-	-
259	B/O A 2	742813	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	N	N	-	-	-	-	-	-	-
260	B/O S	711616	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
261	B/O J	742442	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
262	B/O V	743411	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
263	B/O M	743480	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
264	B/O D 1	743843	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	N	N	-	-	-	-	-	-	-
265	B/O D 2	743848	-	-	-	-	N	N	N	N	N	N	Y	N	Y	N	Y	Y	N	N	-	-	-	-	-	-	-
266	B/O H	744913	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
267	B/O K	744979	N	Y	N	28	N	Y	N	N	N	Y	N	N	N	N	N	N	N	N	1	N	Y	N	N	N	N
268	A	745048	-	-	-	-	N	N	N	N	N	Y	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
269	B/O S 1	745082	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	N	N	-	-	-	-	-	-	-
270	B/O S 2	745080	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	N	N	-	-	-	-	-	-	-
271	B/O R	745795	-	-	-	-	N	N	N	N	N	N	N	Y	N	N	N	N	N	N	-	-	-	-	-	-	-
272	B/O G	745859	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
273	B/O A	746586	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
274	B/O M	747183	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
275	B/O H	747319	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
276	B/O N	747598	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-

S.No.	Name	MRD No.	Hypertension	GI bleed	Day of Onset of AKI	Probable Cause of AKI_Sepsis	Dehydration	Shock	Nephrotoxic drugs	others	Need of Renal Replacement Therapy	Outcome	AKI RESOLVED	AKI
208	B/O N	722111	-	-	-	-	-	-	-	-	-	D	-	N
209	B/O P	723795	-	-	-	-	-	-	-	-	-	D	-	N
210	B/O B	723897	N	N	4	Y	N	N	N	N	N	DOR	Y	Y
211	B/O R	723925	N	N	4	Y	N	Y	Y	N	N	D	Y	Y
212	B/O M 1	724364	-	-	-	-	-	-	-	-	-	DAMA	-	N
213	B/O M 2	724368	-	-	-	-	-	-	-	-	-	DAMA	-	N
214	B/O N	724650	-	-	-	-	-	-	-	-	-	D	-	N
215	B/O P	713153	-	-	-	-	-	-	-	-	-	D	-	N
216	B/O K	725291	-	-	-	-	-	-	-	-	-	D	-	N
217	B/O K	725447	-	-	-	-	-	-	-	-	-	DOR	-	N
218	B/O G	726261	-	-	-	-	-	-	-	-	-	DOR	-	N
219	B/O P	726367	-	-	-	-	-	-	-	-	-	D	-	N
220	B/O S	726941	-	-	-	-	-	-	-	-	-	D	-	N
221	B/O K	727283	-	-	-	-	-	-	-	-	-	DAMA	-	N
222	B/O D 1	728572	-	-	-	-	-	-	-	-	-	D	-	N
223	B/O D 2	728575	-	-	-	-	-	-	-	-	-	D	-	N
224	B/O R	768625	-	-	-	-	-	-	-	-	-	DAMA	-	N
225	B/O K	728623	-	-	-	-	-	-	-	-	-	D	-	N
226	B/O S	729352	-	-	-	-	-	-	-	-	-	DOR	-	N
227	B/O G 1	729459	-	-	-	-	-	-	-	-	-	DAMA	-	N
228	B/O G 2	729458	-	-	-	-	-	-	-	-	-	DAMA	-	N
229	B/O V	730793	-	-	-	-	-	-	-	-	-	D	-	N
230	B/O M	731387	-	-	-	-	-	-	-	-	-	D	-	N
231	B/O R	731525	-	-	-	-	-	-	-	-	-	D	-	N
232	B/O M	731888	-	-	-	-	-	-	-	-	-	D	-	N
233	B/O T	732120	-	-	-	-	-	-	-	-	-	D	-	N
234	B/O S	733047	-	-	-	-	-	-	-	-	-	D	-	N
235	B/O G	733209	-	-	-	-	-	-	-	-	-	DAMA	-	N
236	B/O A	733923	-	-	-	-	-	-	-	-	-	D	-	N
237	B/O N	733930	-	-	-	-	-	-	-	-	-	DAMA	-	N
238	B/O N	734064	-	-	-	-	-	-	-	-	-	DOR	-	N
239	B/O K	726497	-	-	-	-	-	-	-	-	-	D	-	N
240	B/O S	735080	-	-	-	-	-	-	-	-	-	DAMA	-	N
241	B/O I	735145	-	-	-	-	-	-	-	-	-	D	-	N
242	B/O J	735935	-	-	-	-	-	-	-	-	-	DAMA	-	N
243	B/O S	736706	-	-	-	-	-	-	-	-	-	E	-	N
244	B/O K 1	737509	-	-	-	-	-	-	-	-	-	D	-	N
245	B/O K 2	737512	-	-	-	-	-	-	-	-	-	D	-	N
246	B/O D	737694	-	-	-	-	-	-	-	-	-	D	-	N
247	B/O S	737684	-	-	-	-	-	-	-	-	-	D	-	N
248	B/O N	737780	-	-	-	-	-	-	-	-	-	DOR	-	N
249	B/O A	806463	-	-	-	-	-	-	-	-	-	D	-	N
250	B/O S	739825	-	-	-	-	-	-	-	-	-	D	-	N
251	B/O N	740478	-	-	-	-	-	-	-	-	-	D	-	N
252	B/O G	739089	-	-	-	-	-	-	-	-	-	D	-	N
253	B/O H	739925	-	-	-	-	-	-	-	-	-	D	-	N
254	B/O A	741486	-	-	-	-	-	-	-	-	-	D	-	N
255	B/O D	741490	-	-	-	-	-	-	-	-	-	D	-	N
256	B/O M	742122	-	-	-	-	-	-	-	-	-	D	-	N
257	B/O S	742137	-	-	-	-	-	-	-	-	-	D	-	N
258	B/O A 1	742812	-	-	-	-	-	-	-	-	-	D	-	N
259	B/O A 2	742813	-	-	-	-	-	-	-	-	-	D	-	N
260	B/O S	711616	-	-	-	-	-	-	-	-	-	DOR	-	N
261	B/O J	742442	-	-	-	-	-	-	-	-	-	D	-	N
262	B/O V	743411	-	-	-	-	-	-	-	-	-	DAMA	-	N
263	B/O M	743480	-	-	-	-	-	-	-	-	-	D	-	N
264	B/O D 1	743843	-	-	-	-	-	-	-	-	-	D	-	N
265	B/O D 2	743848	-	-	-	-	-	-	-	-	-	D	-	N
266	B/O H	744913	-	-	-	-	-	-	-	-	-	D	-	N
267	B/O K	744979	N	N	4	Y	N	Y	N	N	N	DAMA	N	Y
268	A	745048	-	-	-	-	-	-	-	-	-	DOR	-	N
269	B/O S 1	745082	-	-	-	-	-	-	-	-	-	D	-	N
270	B/O S 2	745080	-	-	-	-	-	-	-	-	-	D	-	N
271	B/O R	745795	-	-	-	-	-	-	-	-	-	E	-	N
272	B/O G	745859	-	-	-	-	-	-	-	-	-	D	-	N
273	B/O A	746586	-	-	-	-	-	-	-	-	-	DOR	-	N
274	B/O M	747183	-	-	-	-	-	-	-	-	-	DOR	-	N
275	B/O H	747319	-	-	-	-	-	-	-	-	-	D	-	N
276	B/O N	747598	-	-	-	-	-	-	-	-	-	D	-	N

S.No.	Name	MRD No.	DOB	DOA	DOD	Duration of hospital stay (days)	Gender	Gestation (weeks)	Mode of delivery	Site of delivery	Growth status	Birth Weight in Grms	Birth weight (grams)_< 1000	1001-1500	1501-2500	>2501	Apgar score (for inborn)_ 1 min	Apgar score (for inborn)_ 5min	Prematurity <35 weeks	Respiratory Distress	Sepsis	Perinatal Asphyxia	Seizures	Hypoglycemia	Hyperbilirubinaemia	Congenital Heart disease	Necrotising Enterocolitis	Surgical Cause	Small for gestational age	Large for gestational age
277	B/O G 1	747918	6/13/2019	6/13/2019	6/24/2019	11	M	32+5	N	I	A	1920	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
278	B/O G 2	747920	6/13/2019	6/13/2019	6/25/2019	12	F	32+5	N	I	A	1660	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
279	B/O R	748514	6/14/2019	6/14/2019	6/24/2019	11	M	39	L	I	S	2400	N	N	Y	N	5	7	N	N	N	Y	N	N	N	N	N	N	N	N
280	B/O A	746207	6/11/2019	6/15/2019	6/17/2019	3	F	38+3	L	I	A	3140	N	N	N	Y	8	9	N	Y	N	N	N	N	N	Y	N	N	N	N
281	B/O J	749620	6/17/2019	6/17/2019	6/24/2019	8	M	34+1	L	O	L	2800	N	N	N	Y	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
282	B/O M	749693	6/17/2019	6/18/2019	6/26/2019	9	M	34+3	L	O	A	2400	N	N	Y	N	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
283	B/O S	749896	6/18/2019	6/18/2019	6/23/2019	6	F	34+1	L	I	A	2480	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
284	B/O A	750454	6/18/2019	6/18/2019	7/1/2019	14	M	29+6	L	I	A	940	Y	N	N	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
285	B/O C	750443	6/18/2019	6/18/2019	6/24/2019	7	M	39	L	O	A	3400	N	N	N	Y	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
286	B/O P	750456	6/11/2019	6/19/2019	6/21/2019	3	M	38+5	N	O	A	2500	N	N	Y	N	-	-	N	N	Y	N	N	N	N	N	N	N	N	N
287	B/O K	750778	6/9/2019	6/19/2019	6/28/2019	10	M	33+3	L	O	S	1500	N	Y	N	N	-	-	Y	N	N	N	N	N	N	N	N	N	N	N
288	B/O K	751594	6/20/2019	6/20/2019	6/24/2019	4	M	36+5	L	I	S	1600	N	N	Y	N	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
289	B/O R	751970	6/20/2019	6/20/2019	6/22/2019	3	F	36+3	L	I	A	2320	N	N	Y	N	5	9	N	Y	N	Y	N	N	N	N	N	N	N	N
290	B/O I	751985	6/20/2019	6/20/2019	6/25/2019	6	F	34+5	L	I	A	2605	N	N	N	Y	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
291	B/O G	752368	6/21/2019	6/21/2019	6/27/2019	6	M	32+4	L	I	A	2200	N	N	Y	N	8	9	Y	N	N	N	N	N	N	N	N	N	N	N
292	B/O J 1	752788	6/21/2019	6/21/2019	6/23/2019	3	M	24+5	N	I	A	670	Y	N	N	N	6	8	Y	Y	N	Y	N	N	N	N	N	N	N	N
293	B/O J 2	752790	6/21/2019	6/21/2019	6/28/2019	8	M	24+5	N	I	A	880	Y	N	N	N	-	-	Y	N	N	Y	N	N	N	N	N	N	N	N
294	B/O M	749200	6/16/2019	6/16/2019	6/24/2019	9	M	31+6	L	I	A	2000	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
295	B/O S	753559	6/23/2019	6/23/2019	6/26/2019	4	M	35	L	I	A	1680	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
296	B/O N	753606	6/23/2019	6/23/2019	7/18/2019	26	F	30+5	L	I	A	1560	N	N	Y	N	8	9	N	N	Y	N	N	N	N	N	N	N	N	N
297	B/O K	753583	6/21/2019	6/23/2019	7/19/2019	27	M	36+2	L	O	A	2700	N	N	N	Y	-	-	N	N	N	N	N	N	N	N	N	Y	N	N
298	B/O I	753563	6/23/2019	6/23/2019	6/26/2019	4	M	36+5	N	O	S	2200	N	N	Y	N	-	-	N	N	N	N	N	N	N	N	N	N	N	N
299	B/O A	755150	6/25/2019	6/25/2019	7/4/2019	10	M	32	N	O	A	1750	N	N	Y	N	-	-	Y	Y	N	N	N	N	N	N	N	N	N	N
300	B/O R	756269	6/27/2019	6/27/2019	7/7/2019	11	M	36+3	N	O	S	2000	N	N	Y	N	-	-	N	Y	Y	N	N	N	N	N	N	N	N	N
301	B/O P	756979	6/28/2019	6/28/2019	7/2/2019	5	F	35+1	L	I	A	2050	N	N	Y	N	6	9	N	Y	N	N	N	N	N	N	N	N	N	N
302	B/O A	755891	6/26/2019	6/26/2019	6/30/2019	5	F	34+5	L	I	A	2100	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
303	B/O K	750778	6/19/2019	6/28/2019	7/8/2019	11	M	33+3	L	O	S	1500	N	Y	N	N	-	-	Y	N	Y	N	N	N	N	N	N	N	N	N
304	B/O A	747885	6/13/2019	6/13/2019	6/18/2019	5	M	33+1	L	I	A	2120	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
305	B/O P	743430	6/6/2019	6/6/2019	6/8/2019	3	F	38	L	I	A	2960	N	N	N	Y	5	8	N	N	N	Y	N	N	N	N	N	N	N	N
306	B/O A	751070	6/19/2019	6/19/2019	6/27/2019	9	F	35+5	L	I	A	1860	N	N	Y	N	7	9	N	Y	N	N	N	N	N	N	N	N	N	N
307	B/O G	758647	7/1/2019	7/1/2019	7/21/2019	21	F	30+2	L	I	A	1350	N	Y	N	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
308	B/O S	758969	7/1/2019	7/1/2019	7/5/2019	5	M	35+3	L	I	A	2840	N	N	N	Y	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
309	D	759007	6/25/2019	7/1/2019	7/4/2019	4	M	39+6	N	O	A	3000	N	N	N	Y	-	-	N	N	N	N	N	N	N	N	N	N	N	N
310	G	759032	6/30/2019	7/2/2019	7/9/2019	8	M	37+6	N	O	A	2880	N	N	N	Y	-	-	N	N	N	Y	N	N	N	N	N	N	N	N
311	B/O P	759955	7/3/2019	7/3/2019	7/5/2019	3	M	36+6	F	I	A	2400	N	N	Y	N	5	7	N	N	N	Y	N	N	N	N	N	N	N	N
312	B/O I	760339	7/3/2019	7/3/2019	7/8/2019	6	M	32+2	L	I	A	1460	N	Y	N	N	5	8	Y	N	N	Y	N	N	N	N	N	N	N	N
313	B/O K	760374	7/3/2019	7/3/2019	7/19/2019	16	M	30+2	L	I	A	1500	N	Y	N	N	5	8	Y	Y	N	N	N	N	N	N	N	N	N	N
314	B/O N 1	760404	7/3/2019	7/3/2019	7/12/2019	9	M	33+1	L	I	A	1780	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
315	B/O N 2	760405	7/3/2019	7/3/2019	7/12/2019	9	M	33+1	L	I	A	1900	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
316	B/O V	760524	7/7/2019	7/7/2019	7/19/2019	12	M	31+4	L	I	A	1340	N	Y	N	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
317	B/O S	761028	7/4/2019	7/4/2019	7/9/2019	6	F	33	L	I	A	1910	N	N	Y	N	8	9	Y	N	N	N	N	N	N	N	N	N	N	N
318	B/O R	761143	7/4/2019	7/4/2019	8/1/2019	30	M	30+5	L	I	S	1030	N	Y	N	N	7	8	Y	Y	N	N	N	N	N	N	N	N	N	N
319	B/O R	755833	6/26/2019	7/5/2019	7/8/2019	4	M	34+6	L	O	A	2340	N	N	Y	N	-	-	Y	Y	N	N	N	N	N	N	N	N	N	N
320	B/O S	761471	7/5/2019	7/5/2019	7/12/2019	8	M	32+4	N	I	A	1800	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
321	B/O R	761972	7/6/2019	7/6/2019	7/9/2019	4	F	35	L	I	S	1700	N	N	Y	N	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
322	B/O S 1	762324	7/6/2019	7/6/2019	7/11/2019	6	M	35+6	L	I	S	2020	N	N	Y	N	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
323	B/O S 2	762328	7/6/2019	7/6/2019	7/11/2019	6	F	35+6	L	I	S	1460	N	Y	N	N	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
324	B/O J	762461	7/6/2019	7/6/2019	7/22/2019	16	M	31+1	L	I	A	1750	N	N	Y	N	8	9	Y	Y	Y	N	N	N	Y	N	N	N	N	N
325	B/O M	762575	7/7/2019	7/7/2019	7/10/2019	4	M	39+6	L	I	A	3510	N	N	N	Y	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
326	B/O S	762470	7/6/2019	7/6/2019	7/12/2019	7	M	35+2	L	I	A	2565	N	N	N	Y	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
327	B/O N	762623	7/5/2019	7/7/2019	7/10/2019	3	M	39	N	O	S	2600	N	N	N	Y	-	-	N	N	Y	N	N	N	N	N	N	N	N	N
328	B/O M	763101	7/8/2019	7/8/2019	7/14/2019	7	M	33+1	N	I	S	1320	N	Y	N	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
329	B/O R	763525	7/8/2019	7/8/2019	7/10/2019	3	F	37	N	O	A	2635	N	N	N	Y	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
330	B/O M	763538	7/8/2019	7/8/2019	7/15/2019	8	F	35+2	L	O	A	2400	N	N	Y	N	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
331	B/O N	764215	7/8/2019	7/9/2019	7/18/2019	10	F	36+3	F	O	A	2500	N	N	Y	N	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
332	B/O A	764310	7/8/2019	7/10/2019	7/18/2019	8	M	39+2	N	O	S	2600	N	N	N	Y	-	-	N	N	N	N	Y	N	N	N	N	N	N	N
333	B/O M	764537	7/10/2019	7/10/2019	7/15/2019	6	M	38+5	N	I	S	2340	N	N	Y	N	6	8	N	Y	N	N	N	N	N	N	N	N	N	N
334	B/O S	764562	7/8/2019	7/10/2019	7/19/2019	9	F	35+2	L	O	A	2180	N	N	Y	N	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
335	B/O P	764906	7/10/2019	7/10/2019	7/12/2019	3	M	35+4	L	I	A	2740	N	N	N	Y	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
336	B/O L	764867	7/8/2019	7/10/2019	7/25/2019	15	M	38+4	N	O	A	2700	N	N	N	Y	-	-	N	N	N	N	N	N	N	N	N	Y	N	N
337	B/O A	764981	7/8/2019	7/10/2019	7/12/2019	3	M	37	N	I	A	2700	N	N	N	Y	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
338	B/O A	765252	7/11/2019	7/11/2019	7/19/2019	8	M	33+4	L	I	A	2190	N	N	Y	N	7	9	Y	Y	N	N	N	N	N	N	N	N	N	N
339	B/O R	765473	7/11/2019	7/11/2019	7/28/2019	7	M	35+2	N	I	A	2460	N	N	Y	N	7	9	N	Y	N	N	N	N	N	N	N	Y	N	N
340	B/O N	765593	7/11/2019	7/11/2019	7/13/2019	3	M	39	N	I	L	4100	N	N	N	Y	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
341	B/O S	766123	7/12/2019	7/12/2019	7/18/2019	7	F	36+1	L	I	S	2160	N	N	Y	N	7	8	N	Y	N	N	N	N	N	N	N	N	N	N
342	B/O K	765621	7/11/2019	7/12/2019	7/18/2019	7	M	33+1	L	O	A	1700	N	N	Y	N	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
343	B/O K	766948	7/13/2019	7/13/2019	7/28/2019	15	F	35+1	L	O	A	2100	N	N	Y	N	-	-	N	N	N	N	N	N	N	N	N	Y	N	N
344	B/O M	766512	7/13/2019	7/13/2019	7/24/2019	11	F	31	N	I	A	1500	N	Y	N	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
345	B/O B	766965	7/13/2019	7/13/2019	7/25/2019	12	F	29+6	L	I	A	1120	N	Y	N	N	7	9	Y	Y	N	N	N	N	N	N	N	N	N	N

S.No.	Name	MRD No.	Congenital renal anomaly	Birth asphyxia requiring bag and mask ventilaton	Need for ventilation (Days)	Duration of ventilatory support()	RDS	Need for surfactant	Apnea of prematuriy	Feed Intolerance	Need for inotropes	Need for CPAP	NEC	Need for phototherapy	Need For exchange transfusion	Abnormal ROP screening	Sepsis	Use of Nephrotoxic Drugs	Antibiotic drug used (in days)_C	A	P	N	M	V	Others	Antibitoic used	Need for ventilation_AT AKI	Duration of ventilatory upport ()_AT AKI	RDS_AT AKI	Feed Intolerance_AT AKI	Need for inotropes_AT AKI	Number of inotropes used_AT AKI	Need for CPAP_AT AKI	NEC_AT AKI
277	B/O G 1	747918	N	N	N	-	Y	N	N	N	N	Y	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
278	B/O G 2	747920	N	N	N	-	Y	N	N	N	N	Y	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
279	B/O R	748514	N	Y	Y	11	N	N	N	N	Y	N	N	N	N	N	N	Y	7	-	-	-	-	-	-	2	Y	11	N	N	Y	2	N	N
280	B/O A	746207	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
281	B/O J	749620	N	N	N	-	Y	N	N	N	N	Y	N	Y	N	N	E	Y	5	5	-	-	-	-	-	1	-	-	-	-	-	-	-	-
282	B/O M	749693	N	N	N	-	Y	Y	N	N	N	Y	N	N	N	N	E	Y	5	5	-	-	-	-	-	1	-	-	-	-	-	-	-	-
283	B/O S	749896	N	N	N	-	Y	Y	N	N	N	Y	N	Y	N	N	N	Y	-	5	-	-	-	-	-	1	-	-	-	-	-	-	-	-
284	B/O A	750454	N	N	N	-	Y	Y	Y	N	N	Y	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
285	B/O C	750443	N	N	N	-	Y	N	N	N	Y	Y	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
286	B/O P	750456	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	Y	-	-	-	-	-	-	7	1	-	-	-	-	-	-	-	-
287	B/O K	750778	N	N	N	-	N	N	N	N	N	N	N	N	N	N	L	Y	10	10	-	-	-	-	-	2	-	-	-	-	-	-	-	-
288	B/O K	751594	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
289	B/O R	751970	N	Y	N	-	Y	N	N	N	N	Y	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
290	B/O I	751985	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
291	B/O G	752368	N	N	N	-	Y	N	N	N	N	Y	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
292	B/O J 1	752788	N	Y	Y	3	N	Y	N	N	Y	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	Y	3	N	N	Y	2	N	N
293	B/O J 2	752790	N	Y	Y	8	N	Y	Y	N	Y	N	N	Y	N	N	E	Y	5	5	-	-	5	-	-	1	Y	8	N	N	Y	2	N	N
294	B/O M	749200	N	N	N	-	Y	Y	N	N	N	Y	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
295	B/O S	753559	N	N	N	-	Y	N	N	N	N	Y	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
296	B/O N	753606	N	N	N	-	Y	Y	N	N	N	Y	N	N	N	N	N	Y	10	10	-	-	-	-	-	2	-	-	-	-	-	-	-	-
297	B/O K	753583	N	N	Y	5	N	N	N	N	Y	N	Y	Y	N	N	N	Y	-	-	7	-	-	-	-	1	-	-	-	-	-	-	-	-
298	B/O I	753563	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
299	B/O A	755150	N	N	N	-	Y	N	N	N	N	Y	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
300	B/O R	756269	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	E	Y	3	3	-	-	-	-	-	1	-	-	-	-	-	-	-	-
301	B/O P	756979	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
302	B/O A	755891	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
303	B/O K	750778	N	N	N	-	N	N	N	N	N	N	N	N	N	N	L	Y	5	5	-	-	-	-	-	1	-	-	-	-	-	-	-	-
304	B/O A	747885	N	N	N	-	Y	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
305	B/O P	743430	N	Y	Y	2	Y	N	N	N	N	Y	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
306	B/O A	751070	N	Y	N	-	Y	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
307	B/O G	758647	N	N	N	-	Y	N	N	Y	N	N	N	Y	N	N	E	Y	-	-	10	10	-	-	10	2	-	-	-	-	-	-	-	-
308	B/O S	758969	N	N	N	-	Y	N	N	N	N	Y	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
309	D	759007	N	N	N	-	N	N	N	Y	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
310	G	759032	N	Y	N	-	Y	N	N	N	N	N	N	N	N	N	N	Y	5	5	-	-	-	-	-	1	-	-	-	-	-	-	-	-
311	B/O P	759955	N	Y	Y	3	N	N	N	N	N	N	N	N	N	N	N	Y	3	3	-	-	-	-	-	1	-	-	-	-	-	-	-	-
312	B/O I	760339	N	Y	Y	2	Y	Y	Y	Y	Y	Y	Y	Y	N	N	E	Y	6	6	-	-	-	-	-	1	-	-	-	-	-	-	-	-
313	B/O K	760374	N	N	N	-	Y	N	Y	N	N	Y	N	Y	N	N	N	Y	4	4	-	-	-	-	-	1	-	-	-	-	-	-	-	-
314	B/O N 1	760404	N	N	N	-	N	N	N	N	N	Y	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
315	B/O N 2	760405	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
316	B/O V	760524	N	N	N	-	N	N	N	Y	N	Y	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
317	B/O S	761028	N	N	N	-	Y	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
318	B/O R	761143	N	N	N	-	Y	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
319	B/O R	755833	N	N	N	-	Y	N	N	N	N	Y	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
320	B/O S	761471	N	N	N	-	Y	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
321	B/O R	761972	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
322	B/O S 1	762324	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
323	B/O S 2	762328	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
324	B/O J	762461	N	N	N	-	Y	N	N	N	N	Y	N	Y	N	N	E	Y	14	14	-	-	-	-	-	2	-	-	-	-	-	-	-	-
325	B/O M	762575	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
326	B/O S	762470	N	N	N	-	Y	N	N	N	N	Y	N	Y	N	N	N	Y	3	3	-	-	-	-	-	1	-	-	-	-	-	-	-	-
327	B/O N	762623	N	N	N	-	N	N	N	N	N	N	N	Y	N	N	E	Y	3	3	-	-	-	-	-	1	-	-	-	-	-	-	-	-
328	B/O M	763101	N	N	N	-	Y	N	N	N	N	Y	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
329	B/O R	763525	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
330	B/O M	763538	N	N	N	-	Y	N	N	Y	N	Y	N	Y	N	N	N	Y	5	5	-	-	-	-	-	1	-	-	-	-	-	-	-	-
331	B/O N	764215	N	N	N	-	Y	N	N	Y	N	Y	N	Y	N	N	E	Y	10	10	-	-	-	-	-	2	-	-	-	-	-	-	-	-
332	B/O A	764310	N	N	N	-	N	N	N	N	N	N	N	Y	N	N	N	Y	-	-	-	-	7	7	-	1	-	-	-	-	-	-	-	-
333	B/O M	764537	N	Y	N	-	N	N	N	N	N	N	N	Y	N	N	E	Y	5	5	-	-	-	-	-	1	-	-	-	-	-	-	-	-
334	B/O S	764562	N	N	N	-	Y	N	N	N	N	Y	N	Y	N	N	E	Y	5	5	-	-	-	-	-	1	-	-	-	-	-	-	-	-
335	B/O P	764906	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
336	B/O L	764867	N	N	Y	5	N	N	N	Y	N	N	N	Y	N	N	N	Y	10	10	-	-	-	-	-	2	-	-	-	-	-	-	-	-
337	B/O A	764981	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
338	B/O A	765252	N	N	N	-	Y	N	N	Y	N	Y	N	Y	N	N	E	Y	7	7	-	-	-	-	-	2	-	-	-	-	-	-	-	-
339	B/O R	765473	N	N	Y	10	N	N	N	N	Y	N	N	Y	N	N	E	Y	6	6	-	-	-	-	-	1	-	-	-	-	-	-	-	-
340	B/O N	765593	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
341	B/O S	766123	N	N	N	-	N	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
342	B/O K	765621	N	N	N	-	Y	N	Y	Y	N	Y	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
343	B/O K	766948	N	Y	Y	4	Y	N	N	N	Y	Y	N	Y	N	N	E	Y	5	5	7	-	-	7	-	1	-	-	-	-	-	-	-	-
344	B/O M	766512	N	N	N	-	Y	Y	Y	Y	Y	Y	N	Y	N	N	N	Y	7	7	-	-	-	-	-	2	-	-	-	-	-	-	-	-
345	B/O B	766965	N	N	N	-	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	N	Y	10	10	2	2	-	-	-	2	-	-	-	-	-	-	-	-

S.No.	Name	MRD No.	Sepsis screen_ AT AKI	Metabolic Acidosis_A T AKI	PDA_AT AKI	MATERNAL VARIABLES_ Age (years)	Infections	Diabetes	Hypothyroidism	Chronic hypertension	Kidney disease	Pre-eclampsia	Eclampsia	Intrauterine growth retardation	Oligohydramnios	Polyhydramnios	Haemorrhage	Multiple gestation	Assisted Conception	Antepartum complication	STAGE OF KIDNEY INJURY	AKI COMPLICATIONS _Hyperkalemia (>5.5 meq/l)	Acidosis	Pulmonary Edema	Volume Overload	Hyponatremia(<130meq/l)	Anemia
277	B/O G 1	747918	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	-	-	-	-	-	-	-
278	B/O G 2	747920	-	-	-	-	N	N	N	N	N	N	N	N	N	Y	N	Y	Y	N	-	-	-	-	-	-	-
279	B/O R	748514	N	Y	N	26	N	N	N	N	N	N	Y	N	N	N	N	N	N	N	1	Y	Y	N	N	Y	Y
280	B/O A	746207	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
281	B/O J	749620	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
282	B/O M	749693	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
283	B/O S	749896	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
284	B/O A	750454	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
285	B/O C	750443	-	-	-	-	N	N	N	N	N	N	N	N	N	N	Y	N	N	N	-	-	-	-	-	-	-
286	B/O P	750456	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
287	B/O K	750778	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
288	B/O K	751594	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
289	B/O R	751970	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
290	B/O I	751985	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
291	B/O G	752368	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
292	B/O J 1	752788	N	Y	N	28	Y	Y	N	N	N	N	N	N	N	Y	N	Y	Y	N	1	N	Y	N	N	N	N
293	B/O J 2	752790	Y	Y	N	28	Y	N	N	N	N	N	N	N	N	Y	N	Y	Y	N	1	Y	Y	Y	Y	N	Y
294	B/O M	749200	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
295	B/O S	753559	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
296	B/O N	753606	-	-	-	-	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
297	B/O K	753583	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
298	B/O I	753563	-	-	-	-	N	N	N	N	N	Y	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
299	B/O A	755150	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
300	B/O R	756269	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
301	B/O P	756979	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
302	B/O A	755891	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
303	B/O K	750778	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
304	B/O A	747885	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
305	B/O P	743430	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
306	B/O A	751070	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
307	B/O G	758647	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
308	B/O S	758969	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
309	D	759007	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
310	G	759032	-	-	-	-	N	N	N	N	N	N	Y	N	N	N	N	N	N	N	-	-	-	-	-	-	-
311	B/O P	759955	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
312	B/O I	760339	-	-	-	-	N	N	N	N	N	N	N	N	N	N	Y	N	N	N	-	-	-	-	-	-	-
313	B/O K	760374	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
314	B/O N 1	760404	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	N	N	-	-	-	-	-	-	-
315	B/O N 2	760405	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	N	N	-	-	-	-	-	-	-
316	B/O V	760524	-	-	-	-	N	N	N	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-
317	B/O S	761028	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
318	B/O R	761143	-	-	-	-	N	N	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
319	B/O R	755833	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
320	B/O S	761471	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
321	B/O R	761972	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
322	B/O S 1	762324	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	N	N	-	-	-	-	-	-	-
323	B/O S 2	762328	-	-	-	-	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N	-	-	-	-	-	-	-
324	B/O J	762461	-	-	-	-	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
325	B/O M	762575	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
326	B/O S	762470	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
327	B/O N	762623	-	-	-	-	N	N	N	N	N	Y	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
328	B/O M	763101	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
329	B/O R	763525	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
330	B/O M	763538	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
331	B/O N	764215	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
332	B/O A	764310	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
333	B/O M	764537	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
334	B/O S	764562	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
335	B/O P	764906	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
336	B/O L	764867	-	-	-	-	N	N	N	N	Y	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
337	B/O A	764981	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
338	B/O A	765252	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
339	B/O R	765473	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
340	B/O N	765593	-	-	-	-	N	Y	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
341	B/O S	766123	-	-	-	-	N	N	N	N	N	Y	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
342	B/O K	765621	-	-	-	-	N	N	N	N	N	N	N	N	N	N	Y	N	N	N	-	-	-	-	-	-	-
343	B/O K	766948	-	-	-	-	N	N	N	N	Y	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
344	B/O M	766512	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
345	B/O B	766965	-	-	-	-	N	N	N	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-

S.No.	Name	MRD No.	Hypertension	GI bleed	Day of Onset of AKI	Probable Cause of AKI_Sepsis	Dehydration	Shock	Nephrotoxic drugs	others	Need of Renal Replacement Therapy	Outcome	AKI RESOLVED	AKI
277	B/O G 1	747918	-	-	-	-	-	-	-	-	-	D	-	N
278	B/O G 2	747920	-	-	-	-	-	-	-	-	-	D	-	N
279	B/O R	748514	N	N	3	Y	N	N	N	N	N	DAMA	N	Y
280	B/O A	746207	-	-	-	-	-	-	-	-	-	DOR	-	N
281	B/O J	749620	-	-	-	-	-	-	-	-	-	DOR	-	N
282	B/O M	749693	-	-	-	-	-	-	-	-	-	D	-	N
283	B/O S	749896	-	-	-	-	-	-	-	-	-	DOR	-	N
284	B/O A	750454	-	-	-	-	-	-	-	-	-	DAMA	-	N
285	B/O C	750443	-	-	-	-	-	-	-	-	-	DOR	-	N
286	B/O P	750456	-	-	-	-	-	-	-	-	-	D	-	N
287	B/O K	750778	-	-	-	-	-	-	-	-	-	DOR	-	N
288	B/O K	751594	-	-	-	-	-	-	-	-	-	D	-	N
289	B/O R	751970	-	-	-	-	-	-	-	-	-	DAMA	-	N
290	B/O I	751985	-	-	-	-	-	-	-	-	-	D	-	N
291	B/O G	752368	-	-	-	-	-	-	-	-	-	D	-	N
292	B/O J 1	752788	N	N	3	N	N	Y	N	N	N	E	N	Y
293	B/O J 2	752790	N	N	3	Y	N	Y	N	N	N	DAMA	N	Y
294	B/O M	749200	-	-	-	-	-	-	-	-	-	DOR	-	N
295	B/O S	753559	-	-	-	-	-	-	-	-	-	D	-	N
296	B/O N	753606	-	-	-	-	-	-	-	-	-	D	-	N
297	B/O K	753583	-	-	-	-	-	-	-	-	-	DOR	-	N
298	B/O I	753563	-	-	-	-	-	-	-	-	-	DOR	-	N
299	B/O A	755150	-	-	-	-	-	-	-	-	-	D	-	N
300	B/O R	756269	-	-	-	-	-	-	-	-	-	D	-	N
301	B/O P	756979	-	-	-	-	-	-	-	-	-	D	-	N
302	B/O A	755891	-	-	-	-	-	-	-	-	-	D	-	N
303	B/O K	750778	-	-	-	-	-	-	-	-	-	D	-	N
304	B/O A	747885	-	-	-	-	-	-	-	-	-	D	-	N
305	B/O P	743430	-	-	-	-	-	-	-	-	-	DAMA	-	N
306	B/O A	751070	-	-	-	-	-	-	-	-	-	D	-	N
307	B/O G	758647	-	-	-	-	-	-	-	-	-	DAMA	-	N
308	B/O S	758969	-	-	-	-	-	-	-	-	-	D	-	N
309	D	759007	-	-	-	-	-	-	-	-	-	DOR	-	N
310	G	759032	-	-	-	-	-	-	-	-	-	D	-	N
311	B/O P	759955	-	-	-	-	-	-	-	-	-	DAMA	-	N
312	B/O I	760339	-	-	-	-	-	-	-	-	-	DAMA	-	N
313	B/O K	760374	-	-	-	-	-	-	-	-	-	DOR	-	N
314	B/O N 1	760404	-	-	-	-	-	-	-	-	-	D	-	N
315	B/O N 2	760405	-	-	-	-	-	-	-	-	-	D	-	N
316	B/O V	760524	-	-	-	-	-	-	-	-	-	D	-	N
317	B/O S	761028	-	-	-	-	-	-	-	-	-	D	-	N
318	B/O R	761143	-	-	-	-	-	-	-	-	-	D	-	N
319	B/O R	755833	-	-	-	-	-	-	-	-	-	D	-	N
320	B/O S	761471	-	-	-	-	-	-	-	-	-	DOR	-	N
321	B/O R	761972	-	-	-	-	-	-	-	-	-	D	-	N
322	B/O S 1	762324	-	-	-	-	-	-	-	-	-	D	-	N
323	B/O S 2	762328	-	-	-	-	-	-	-	-	-	D	-	N
324	B/O J	762461	-	-	-	-	-	-	-	-	-	D	-	N
325	B/O M	762575	-	-	-	-	-	-	-	-	-	D	-	N
326	B/O S	762470	-	-	-	-	-	-	-	-	-	D	-	N
327	B/O N	762623	-	-	-	-	-	-	-	-	-	D	-	N
328	B/O M	763101	-	-	-	-	-	-	-	-	-	D	-	N
329	B/O R	763525	-	-	-	-	-	-	-	-	-	D	-	N
330	B/O M	763538	-	-	-	-	-	-	-	-	-	D	-	N
331	B/O N	764215	-	-	-	-	-	-	-	-	-	D	-	N
332	B/O A	764310	-	-	-	-	-	-	-	-	-	D	-	N
333	B/O M	764537	-	-	-	-	-	-	-	-	-	D	-	N
334	B/O S	764562	-	-	-	-	-	-	-	-	-	D	-	N
335	B/O P	764906	-	-	-	-	-	-	-	-	-	D	-	N
336	B/O L	764867	-	-	-	-	-	-	-	-	-	D	-	N
337	B/O A	764981	-	-	-	-	-	-	-	-	-	D	-	N
338	B/O A	765252	-	-	-	-	-	-	-	-	-	D	-	N
339	B/O R	765473	-	-	-	-	-	-	-	-	-	DOR	-	N
340	B/O N	765593	-	-	-	-	-	-	-	-	-	D	-	N
341	B/O S	766123	-	-	-	-	-	-	-	-	-	D	-	N
342	B/O K	765621	-	-	-	-	-	-	-	-	-	D	-	N
343	B/O K	766948	-	-	-	-	-	-	-	-	-	D	-	N
344	B/O M	766512	-	-	-	-	-	-	-	-	-	DOR	-	N
345	B/O B	766965	-	-	-	-	-	-	-	-	-	DAMA	-	N

S.No.	Name	MRD No.	DOB	DOA	DOD	Duration of hospital stay (days)	Gender	Gestation (weeks)	Mode of delivery	Site of delivery	Growth status	Birth Weight in Grms	Birth weight (grams)_< 1000	1001-1500	1501-2500	>2501	Apgar score (for inborn)_ 1 min	Apgar score (for inborn)_ 5min	Prematurity <35 weeks	Respiratory Distress	Sepsis	Perinatal Asphyxia	Seizures	Hypoglycemia	Hyperbilirubinaemia	Congenital Heart disease	Necrotising Enterocolitis	Surgical Cause	Small for gestational age	Large for gestational age
346	B/O R	767324	7/15/2019	7/15/2019	7/24/2019	10	F	32+3	N	I	A	1580	N	N	Y	N	7	9	Y	Y	N	N	N	N	N	N	N	N	N	N
347	B/O A	767945	7/15/2019	7/15/2019	7/19/2019	5	F	34+1	L	I	A	2360	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
348	B/O G 1	768193	7/16/2019	7/16/2019	8/8/2019	23	M	29+3	L	I	A	1375	N	Y	N	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
349	B/O G 2	708203	7/16/2019	7/16/2019	8/8/2019	23	M	29+3	L	I	A	1420	N	Y	N	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
350	B/O G 3	768205	7/16/2019	7/16/2019	8/8/2019	23	M	29+3	L	I	A	1260	N	Y	N	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
351	B/O S	768591	7/16/2019	7/16/2019	8/24/2019	39	M	31+1	L	I	A	1000	Y	N	N	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
352	B/O R	768803	7/17/2019	7/17/2019	7/26/2019	10	M	31+5	L	I	A	1600	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
353	B/O R 1	769423	7/17/2019	7/17/2019	8/6/2019	20	M	31+5	L	I	S	1360	N	Y	N	N	7	9	Y	Y	N	N	N	N	N	N	N	N	N	N
354	B/O R 2	769424	7/17/2019	7/17/2019	8/5/2019	19	F	31+5	L	I	S	1400	N	Y	N	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
355	B/O R	769516	7/17/2019	7/17/2019	7/25/2019	9	F	39+4	F	I	A	2600	N	N	N	Y	8	9	N	Y	N	N	N	N	N	Y	N	N	N	N
356	B/O S	769853	7/18/2019	7/18/2019	7/26/2019	9	F	36+4	L	I	A	1500	N	Y	N	N	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
357	B/O A	770155	7/16/2019	7/18/2019	7/22/2019	5	M	40	N	O	S	2500	N	N	Y	N	-	-	N	N	N	Y	N	N	N	N	N	N	N	N
358	B/O V 1	770226	7/18/2019	7/18/2019	7/26/2019	9	F	29+1	L	I	A	1100	N	Y	N	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
359	B/O V 2	770227	7/18/2019	7/18/2019	7/26/2019	9	M	29+1	L	I	A	1100	N	Y	N	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
360	B/O V 3	770228	7/18/2019	7/18/2019	7/24/2019	7	F	29+1	L	I	A	1120	N	Y	N	N	7	8	Y	Y	N	N	N	N	N	N	N	N	N	N
361	B/O A	770186	7/18/2019	7/18/2019	7/26/2019	9	F	36+5	L	I	A	2800	N	N	N	Y	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
362	B/O H	770822	7/19/2019	7/19/2019	7/25/2019	7	M	36+4	F	O	A	2500	N	N	Y	N	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
363	B/O A 2	771005	7/19/2019	7/19/2019	8/15/2019	23	M	30	L	I	A	1200	N	Y	N	N	7	8	Y	Y	N	N	N	N	N	N	N	N	N	N
364	B/O A 1	771004	7/19/2019	7/19/2019	8/14/2019	26	F	30	L	I	A	1200	N	Y	N	N	8	9	Y	N	N	N	N	N	N	N	N	N	N	N
365	B/O A	770322	7/19/2019	7/19/2019	7/24/2019	6	M	33+1	N	I	A	2080	N	N	Y	N	7	9	Y	Y	N	N	N	N	N	N	N	N	N	N
366	B/O J	771726	7/20/2019	7/20/2019	8/5/2019	16	M	29+3	N	I	A	1480	N	Y	N	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
367	B/O B	771861	7/21/2019	7/21/2019	7/23/2019	3	M	34+2	N	I	A	2260	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
368	B/O M	772713	7/18/2019	7/22/2019	8/3/2019	13	F	35	N	O	A	2400	N	N	Y	N	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
369	B/O B	771934	7/21/2019	7/22/2019	7/30/2019	9	M	38	F	O	S	2000	N	N	Y	N	-	-	N	N	N	N	Y	Y	N	N	N	N	N	N
370	B/O S	774294	7/24/2019	7/24/2019	7/31/2019	8	F	32+6	L	I	A	1900	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
371	B/O V	773544	7/23/2019	7/23/2019	8/3/2019	11	M	31+3	N	O	A	1500	N	Y	N	N	-	-	Y	Y	N	N	N	N	N	N	N	N	N	N
372	B/O J	774439	7/24/2019	7/25/2019	8/8/2019	18	M	35	L	O	A	2740	N	N	N	Y	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
373	B/O K 1	775123	7/26/2019	7/26/2019	8/1/2019	7	F	32+3	L	I	A	1660	N	N	Y	N	7	9	Y	Y	N	N	N	N	N	N	N	N	N	N
374	B/O K 2	775124	7/26/2019	7/26/2019	8/1/2019	7	F	32+3	L	I	A	1400	N	Y	N	N	6	8	Y	Y	N	N	N	N	N	N	N	N	N	N
375	B/O R	775493	7/26/2019	7/26/2019	7/31/2019	6	M	32+4	L	I	A	2120	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
376	B/O A	778545	7/26/2019	7/26/2019	8/23/2019	29	F	28+6	N	I	A	1180	N	Y	N	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
377	B/O K	775863	7/26/2019	7/26/2019	7/30/2019	5	M	37+1	N	I	A	2595	N	N	N	Y	6	9	N	Y	N	N	N	N	N	N	N	N	N	N
378	B/O P	776152	7/27/2019	7/27/2019	8/21/2019	26	F	32	L	I	S	1000	Y	N	N	N	5	7	Y	N	N	Y	N	N	N	N	N	N	N	N
379	B/O A	775737	7/26/2019	7/26/2019	7/31/2019	6	M	35+1	L	I	A	2740	N	N	N	Y	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
380	B/O M	776731	7/28/2019	7/28/2019	8/24/2019	14	M	31+3	L	I	A	1530	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
381	B/O D	777507	7/29/2019	7/29/2019	8/2/2019	5	F	35+5	N	I	A	2540	N	N	N	Y	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
382	B/O K	778110	7/27/2019	7/30/2019	8/22/2019	24	F	38	F	O	A	2800	N	N	N	Y	-	-	N	N	N	Y	N	N	N	N	N	N	N	N
383	B/O N	778324	7/30/2019	7/30/2019	8/2/2019	4	F	36+4	N	I	A	2500	N	N	Y	N	6	9	N	Y	N	Y	N	N	N	N	N	N	N	N
384	B/O I	779110	7/31/2019	7/31/2019	8/2/2019	3	M	37	N	I	A	2700	N	N	N	Y	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
385	B/O M	779558	8/1/2019	8/1/2019	8/7/2019	7	M	31+2	L	I	A	1560	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
386	B/O K	779758	7/30/2019	8/1/2019	8/14/2019	14	M	35	L	O	A	2500	N	N	Y	N	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
387	B/O M	780084	8/2/2019	8/2/2019	8/6/2019	5	F	28+3	L	I	S	700	Y	N	N	N	8	9	Y	N	N	N	N	N	N	N	N	N	N	N
388	B/O N	781118	8/3/2019	8/3/2019	8/12/2019	10	F	32+5	L	I	A	2400	N	N	Y	N	7	9	Y	Y	N	N	N	N	N	N	N	N	N	N
389	B/O B	781225	7/29/2019	8/4/2019	8/14/2019	10	M	38	L	O	A	2800	N	N	N	Y	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
390	B/O P	781297	8/4/2019	8/4/2019	8/12/2019	9	M	39+4	L	O	A	3000	N	N	N	Y	-	-	N	N	N	Y	N	N	N	N	N	N	N	N
391	B/O P	781504	8/5/2019	8/5/2019	8/18/2019	14	F	37+6	L	I	S	1600	N	N	Y	N	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
392	B/O K	782187	8/5/2019	8/5/2019	8/10/2019	6	M	36+5	L	I	A	2860	N	N	N	Y	7	9	N	Y	N	N	N	N	N	N	N	N	N	N
393	B/O A	782182	8/3/2019	8/5/2019	8/10/2019	5	M	39+2	L	O	A	3800	N	N	N	Y	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
394	B/O S	782251	8/5/2019	8/5/2019	8/19/2019	15	M	31+3	N	O	A	1200	N	Y	N	N	-	-	Y	Y	N	N	N	N	N	N	N	N	N	N
395	B/O H	782294	8/5/2019	8/5/2019	8/8/2019	4	F	32	L	I	A	1600	N	N	Y	N	5	7	Y	Y	N	Y	N	N	N	N	N	N	N	N
396	B/O K	782957	8/6/2019	8/6/2019	8/10/2019	5	M	39+1	L	I	A	3620	N	N	N	Y	7	9	N	Y	N	N	N	N	N	N	N	N	N	N
397	B/O J	782638	8/5/2019	8/5/2019	8/7/2019	3	F	32+2	N	I	S	1450	N	Y	N	N	8	9	Y	Y	N	N	N	Y	N	N	N	N	Y	N
398	B/O S	783506	8/7/2019	8/7/2019	8/13/2019	7	F	36+2	L	I	S	1500	N	Y	N	N	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
399	B/O L	783599	8/7/2019	8/7/2019	10/10/2019	65	F	27+5	N	I	A	980	Y	N	N	N	5	8	Y	Y	N	Y	N	N	N	Y	N	N	N	N
400	B/O R	784202	8/8/2019	8/8/2019	8/12/2019	5	M	33+5	L	I	A	2025	N	N	Y	N	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
401	B/O G	784730	8/8/2019	8/8/2019	9/22/2019	44	M	27+4	N	I	A	1100	N	Y	N	N	7	9	Y	Y	N	N	N	N	N	N	N	N	N	N
402	G	784423	8/2/2019	8/8/2019	8/16/2019	8	M	37	N	O	A	2600	N	N	N	Y	-	-	N	N	Y	N	Y	N	N	N	N	N	N	N
403	B/O S	784507	8/8/2019	8/8/2019	8/16/2019	9	F	32+6	L	I	A	1825	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
404	B/O H	784984	8/9/2019	8/9/2019	8/17/2019	9	F	32+2	N	I	A	1520	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
405	B/O R	785066	8/9/2019	8/9/2019	8/22/2019	14	M	33+1	L	I	S	1460	N	Y	N	N	7	9	Y	Y	N	Y	N	N	N	N	N	N	Y	N
406	B/O M	784591	8/8/2019	8/10/2019	8/15/2019	8	M	36+4	L	O	A	2700	N	N	N	Y	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
407	B/O P	786196	8/11/2019	8/11/2019	8/24/2019	13	F	32+6	L	I	A	1320	N	Y	N	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
408	B/O A	786728	8/12/2019	8/12/2019	8/19/2019	8	F	30+4	L	I	A	1460	N	Y	N	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
409	B/O J	786721	8/12/2019	8/12/2019	8/18/2019	7	F	27+2	L	I	A	980	Y	N	N	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
410	B/O L 1	786747	8/12/2019	8/12/2019	11/5/2019	87	M	26+3	N	I	A	700	Y	N	N	N	5	7	Y	Y	N	Y	N	N	N	N	N	N	N	N
411	B/O L 2	786842	8/12/2019	8/12/2019	9/5/2019	23	M	26+3	N	I	A	740	Y	N	N	N	7	8	Y	Y	N	N	N	N	N	N	N	N	N	N
412	B/O S 1	786933	8/12/2019	8/12/2019	11/2/2019	82	M	26+3	L	I	A	900	Y	N	N	N	7	9	Y	Y	N	N	N	N	N	N	N	N	N	N
413	B/O S 2	786943	8/12/2019	8/12/2019	11/2/2019	82	M	26+3	L	I	A	880	Y	N	N	N	6	9	Y	Y	N	N	N	N	N	N	N	N	N	N
414	B/O P	786615	8/12/2019	8/12/2019	8/14/2019	3	M	34+3	L	I	A	2055	N	N	Y	N	8	9	Y	N	N	N	N	N	N	N	N	N	N	N

S.No.	Name	MRD No.	Congenital renal anomaly	Birth asphyxia requiring bag and mask ventilaton	Need for ventilation (Days)	Duration of ventilatory support()	RDS	Need for surfactant	Apnea of prematuriy	Feed Intolerance	Need for inotropes	Need for CPAP	NEC	Need for photother apy	Need For exchange transfusion	Abnormal ROP screening	Sepsis	Use of Nephrotoxic Drugs	Antibiotic drug used (in days)_C	A	P	N	M	V	Others	Antibitoic used	Need for ventilation_ AT AKI	Duration of ventilatory upport ()_AT AKI	RDS_AT AKI	Feed Intolerance _AT AKI	Need for inotropes_ AT AKI	Number of inotropes used_AT AKI	Need for CPAP_A T AKI	NEC_AT AKI
346	B/O R	767324	N	Y	N	-	Y	N	N	Y	N	Y	N	Y	N	N	L	Y	-	-	10	10	-	-	-	2	-	-	-	-	-	-	-	-
347	B/O A	767945	N	N	N	-	Y	N	N	N	N	Y	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
348	B/O G 1	768193	N	N	Y	4	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	E	Y	5	5	10	10	-	-	-	2	-	-	-	-	-	-	-	-
349	B/O G 2	708203	N	N	N	-	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	N	Y	5	5	-	-	-	-	-	1	-	-	-	-	-	-	-	-
350	B/O G 3	768205	N	N	N	-	Y	Y	Y	Y	N	Y	Y	Y	N	Y	N	Y	5	5	-	-	-	-	-	1	-	-	-	-	-	-	-	-
351	B/O S	768591	N	N	N	-	Y	N	N	Y	N	Y	N	Y	N	N	L	Y	-	-	10	10	-	-	-	2	-	-	-	-	-	-	-	-
352	B/O R	768803	N	N	N	-	Y	Y	Y	N	N	Y	N	Y	N	N	N	Y	5	5	-	-	-	-	-	1	-	-	-	-	-	-	-	-
353	B/O R 1	769423	N	N	N	-	Y	N	N	N	N	Y	N	N	N	N	N	Y	5	5	-	-	-	-	-	1	-	-	-	-	-	-	-	-
354	B/O R 2	769424	N	N	N	-	Y	N	N	N	N	Y	N	Y	N	N	N	Y	5	5	-	-	-	-	-	1	-	-	-	-	-	-	-	-
355	B/O R	769516	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
356	B/O S	769853	N	N	N	-	N	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
357	B/O A	770155	N	Y	Y	5	N	Y	N	N	Y	Y	N	Y	N	N	E	Y	5	5	-	-	-	-	-	1	Y	5	N	N	Y	2	Y	N
358	B/O V 1	770226	N	N	N	-	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	N	Y	9	9	-	-	-	-	-	2	-	-	-	-	-	-	-	-
359	B/O V 2	770227	N	Y	Y	7	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	E	Y	9	9	-	-	-	-	-	2	-	-	-	-	-	-	-	-
360	B/O V 3	770228	N	N	N	-	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	N	Y	7	7	-	-	-	-	-	2	-	-	-	-	-	-	-	-
361	B/O A	770186	N	N	Y	3	N	Y	N	Y	Y	Y	N	Y	N	N	N	Y	5	5	-	-	-	-	-	1	-	-	-	-	-	-	-	-
362	B/O H	770822	N	N	N	-	Y	Y	N	N	Y	Y	N	Y	N	N	E	Y	7	7	-	-	-	-	-	2	-	-	-	-	-	-	-	-
363	B/O A 2	771005	N	N	Y	5	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	E	Y	5	5	10	10	-	-	-	2	Y	5	Y	Y	Y	2	Y	Y
364	B/O A 1	771004	N	N	N	-	Y	N	N	Y	Y	Y	N	Y	N	N	E	Y	-	5	5	-	10	10	-	2	-	-	-	-	-	-	-	-
365	B/O A	770322	N	N	N	-	Y	N	N	Y	N	Y	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
366	B/O J	771726	N	N	N	-	Y	Y	Y	Y	N	Y	N	Y	N	N	N	Y	10	10	-	-	-	-	-	2	-	-	-	-	-	-	-	-
367	B/O B	771861	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
368	B/O M	772713	N	N	N	-	N	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
369	B/O B	771934	N	N	N	-	N	N	N	N	N	N	N	Y	N	N	N	Y	5	5	-	-	-	-	-	1	N	-	N	N	N	-	N	N
370	B/O S	774294	N	N	N	-	Y	N	N	Y	N	Y	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
371	B/O V	773544	N	N	N	-	Y	N	N	N	N	Y	N	N	N	N	E	Y	10	10	-	-	-	-	-	2	-	-	-	-	-	-	-	-
372	B/O J	774439	N	N	N	-	Y	N	N	N	Y	N	Y	N	N	N	E	Y	14	14	-	-	-	-	-	2	-	-	-	-	-	-	-	-
373	B/O K 1	775123	N	N	N	-	Y	N	N	N	N	Y	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
374	B/O K 2	775124	N	Y	N	-	Y	Y	N	N	N	Y	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
375	B/O R	775493	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
376	B/O A	778545	N	N	N	-	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	N	Y	10	10	-	-	-	-	-	2	-	-	-	-	-	-	-	-
377	B/O K	775863	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
378	B/O P	776152	N	Y	Y	2	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	N	Y	5	5	-	-	-	-	-	1	Y	2	Y	Y	Y	2	Y	Y
379	B/O A	775737	N	N	N	-	N	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
380	B/O M	776731	N	Y	N	-	Y	N	N	N	N	Y	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
381	B/O D	777507	N	Y	Y	2	N	N	N	N	Y	N	N	Y	N	N	E	Y	5	5	-	-	-	-	-	1	-	-	-	-	-	-	-	-
382	B/O K	778110	N	Y	Y	8	N	Y	N	Y	Y	Y	N	Y	N	N	N	Y	-	-	5	5	-	-	-	1	Y	8	N	N	Y	2	Y	N
383	B/O N	778324	N	Y	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
384	B/O I	779110	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
385	B/O M	779558	N	N	N	-	Y	Y	N	N	N	N	N	N	N	N	E	Y	5	5	-	-	-	-	-	1	-	-	-	-	-	-	-	-
386	B/O K	779758	N	N	N	-	N	N	N	N	N	N	N	N	N	N	E	Y	4	4	-	-	7	13	-	2	N	-	N	N	N	-	N	N
387	B/O M	780084	N	N	Y	5	N	Y	Y	N	N	Y	N	Y	N	N	E	Y	5	5	-	-	-	-	-	1	-	-	-	-	-	-	-	-
388	B/O N	781118	N	Y	N	-	Y	N	N	N	N	N	N	Y	N	N	E	Y	7	7	-	-	-	-	-	2	-	-	-	-	-	-	-	-
389	B/O B	781225	N	N	N	-	N	N	N	N	N	Y	N	N	N	N	L	Y	-	-	-	-	14	14	-	2	-	-	-	-	-	-	-	-
390	B/O P	781297	N	Y	Y	5	N	N	N	N	Y	Y	N	N	N	N	E	Y	7	7	-	-	-	-	-	2	-	-	-	-	-	-	-	-
391	B/O P	781504	N	N	N	-	N	N	N	Y	N	N	N	Y	N	N	E	Y	-	-	10	10	-	-	-	2	N	-	N	Y	N	-	N	N
392	B/O K	782187	N	N	N	-	Y	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
393	B/O A	782182	N	N	N	-	N	N	N	N	N	Y	N	Y	N	N	E	Y	7	7	-	-	-	-	-	2	-	-	-	-	-	-	-	-
394	B/O S	782251	N	N	N	-	Y	N	N	N	N	Y	N	Y	N	N	E	Y	7	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-
395	B/O H	782294	N	Y	Y	4	Y	Y	N	N	Y	N	N	N	N	N	N	Y	4	4	-	-	-	-	-	1	Y	4	Y	N	Y	1	N	N
396	B/O K	782957	N	N	N	-	Y	N	N	N	N	Y	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
397	B/O J	782638	N	N	N	-	Y	Y	Y	N	N	Y	N	N	N	N	E	Y	3	3	-	-	-	-	-	1	N	-	Y	N	N	-	Y	N
398	B/O S	783506	N	N	N	-	Y	N	N	N	N	Y	N	N	N	N	N	Y	5	5	-	-	-	-	-	1	-	-	-	-	-	-	-	-
399	B/O L	783599	N	Y	Y	13	Y	Y	Y	N	Y	Y	Y	Y	N	Y	L	Y	8	-	8	8	21	21	-	2	Y	13	Y	N	Y	1	Y	Y
400	B/O R	784202	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
401	B/O G	784730	N	N	N	-	Y	Y	Y	N	N	Y	N	Y	N	N	L	Y	3	-	8	8	-	-	-	2	-	-	-	-	-	-	-	-
402	G	784423	N	Y	N	-	N	N	N	Y	Y	N	N	N	N	N	L	Y	7	7	-	-	-	-	-	2	N	-	N	N	Y	1	Y	N
403	B/O S	784507	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
404	B/O H	784984	N	N	N	-	Y	N	N	N	N	N	N	Y	N	N	E	Y	2	2	7	7	-	-	-	1	-	-	-	-	-	-	-	-
405	B/O R	785066	N	Y	N	-	Y	N	N	Y	N	Y	Y	N	N	Y	N	Y	3	3	10	10	-	-	-	2	N	-	Y	Y	N	-	Y	Y
406	B/O M	784591	N	N	N	-	Y	N	N	Y	N	Y	N	Y	N	N	E	Y	7	7	-	7	-	7	-	2	-	-	-	-	-	-	-	-
407	B/O P	786196	N	N	N	-	Y	N	N	N	N	N	N	Y	N	N	N	Y	-	-	7	-	-	-	-	1	-	-	-	-	-	-	-	-
408	B/O A	786728	N	N	N	-	Y	N	N	N	N	Y	N	Y	N	N	N	Y	3	3	-	-	-	-	-	1	-	-	-	-	-	-	-	-
409	B/O J	786721	N	N	Y	2	Y	Y	N	N	N	Y	N	N	N	N	E	Y	5	5	-	-	-	-	-	1	-	-	-	-	-	-	-	-
410	B/O L 1	786747	N	Y	Y	5	Y	Y	Y	N	N	Y	Y	Y	N	N	E	Y	5	5	12	12	10	10	-	2	-	-	-	-	-	-	-	-
411	B/O L 2	786842	N	N	Y	6	Y	Y	Y	N	N	Y	N	Y	N	N	E	Y	14	14	-	-	-	-	-	2	-	-	-	-	-	-	-	-
412	B/O S 1	786933	N	N	Y	5	Y	Y	Y	Y	N	Y	N	Y	N	Y	E	Y	5	5	-	-	-	-	-	1	Y	5	Y	Y	N	-	Y	N
413	B/O S 2	786943	N	Y	Y	5	Y	Y	Y	Y	N	Y	N	Y	N	N	E	Y	8	8	-	-	14	-	14	2	-	-	-	-	-	-	-	-
414	B/O P	786615	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

S.No.	Name	MRD No.	Sepsis screen_AT AKI	Metabolic Acidosis_AT AKI	PDA_AT AKI	MATERNAL VARIABLES_Age (years)	Infections	Diabetes	Hypothyroidism	Chronic hypertension	Kidney disease	Pre-eclampsia	Eclampsia	Intrauterine growth retardation	Oligohydramnios	Polyhydramnios	Haemorrhage	Multiple gestation	Assisted Conception	Antepartum complication	STAGE OF KIDNEY INJURY	AKI COMPLICATIONS_Hyperkalemia (>5.5 meq/l)	Acidosis	Pulmonary Edema	Volume Overload	Hyponatremia(<130meq/l)	Anemia
346	B/O R	767324	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
347	B/O A	767945	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
348	B/O G 1	768193	-	-	-	-	N	N	N	N	N	N	N	N	Y	N	N	Y	Y	N	-	-	-	-	-	-	-
349	B/O G 2	708203	-	-	-	-	N	N	N	N	N	N	N	N	Y	N	N	Y	Y	N	-	-	-	-	-	-	-
350	B/O G 3	768205	-	-	-	-	N	N	N	N	N	N	N	N	Y	N	N	Y	Y	N	-	-	-	-	-	-	-
351	B/O S	768591	-	-	-	-	N	N	N	N	N	N	N	N	Y	N	N	N	N	N	-	-	-	-	-	-	-
352	B/O R	768803	-	-	-	-	N	N	N	N	N	N	N	N	N	N	Y	N	N	N	-	-	-	-	-	-	-
353	B/O R 1	769423	-	-	-	-	N	N	Y	N	N	N	N	N	N	N	N	Y	Y	N	-	-	-	-	-	-	-
354	B/O R 2	769424	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	-	-	-	-	-	-	-
355	B/O R	769516	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
356	B/O S	769853	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
357	B/O A	770155	Y	Y	N	27	N	N	N	N	N	Y	N	Y	Y	N	Y	N	N	N	2	Y	N	N	N	Y	N
358	B/O V 1	770226	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	-	-	-	-	-	-	-
359	B/O V 2	770227	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	-	-	-	-	-	-	-
360	B/O V 3	770228	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	-	-	-	-	-	-	-
361	B/O A	770186	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
362	B/O H	770822	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
363	B/O A 2	771005	Y	Y	Y	29	Y	N	N	N	N	N	N	N	N	N	N	Y	Y	N	1	N	N	N	N	N	N
364	B/O A 1	771004	-	-	-	-	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N	-	-	-	-	-	-	-
365	B/O A	770322	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
366	B/O J	771726	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
367	B/O B	771861	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
368	B/O M	772713	-	-	-	-	N	N	N	N	N	N	N	N	Y	N	N	N	N	N	-	-	-	-	-	-	-
369	B/O B	771934	N	N	N	30	N	N	N	N	N	N	N	N	N	N	N	N	Y	N	1	Y	N	N	N	N	N
370	B/O S	774294	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
371	B/O V	773544	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
372	B/O J	774439	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
373	B/O K 1	775123	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	-	-	-	-	-	-	-
374	B/O K 2	775124	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	-	-	-	-	-	-	-
375	B/O R	775493	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
376	B/O A	778545	-	-	-	-	N	N	Y	N	N	N	N	N	Y	N	N	N	N	N	-	-	-	-	-	-	-
377	B/O K	775863	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
378	B/O P	776152	N	Y	Y	30	N	N	N	Y	Y	Y	N	Y	Y	N	N	N	N	Y	1	Y	Y	N	N	N	N
379	B/O A	775737	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
380	B/O M	776731	-	-	-	-	N	N	N	N	N	N	N	N	N	N	Y	N	N	N	-	-	-	-	-	-	-
381	B/O D	777507	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
382	B/O K	778110	N	Y	Y	30	N	N	N	N	N	N	N	N	N	N	N	N	N	N	1	N	N	N	N	N	N
383	B/O N	778324	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
384	B/O I	779110	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
385	B/O M	779558	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
386	B/O K	779758	Y	N	N	30	N	N	N	N	N	N	N	N	N	N	N	N	N	N	1	N	N	N	N	N	N
387	B/O M	780084	-	-	-	-	N	N	N	N	N	Y	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
388	B/O N	781118	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
389	B/O B	781225	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
390	B/O P	781297	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
391	B/O P	781504	Y	N	N	29	Y	N	N	N	N	Y	N	N	Y	N	N	N	N	N	3	N	N	N	N	N	N
392	B/O K	782187	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
393	B/O A	782182	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
394	B/O S	782251	-	-	-	-	N	N	N	N	Y	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
395	B/O H	782294	N	N	N	28	N	N	Y	N	N	N	N	N	N	N	Y	N	N	Y	2	Y	Y	N	N	N	N
396	B/O K	782957	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
397	B/O J	782638	Y	Y	N	29	Y	Y	Y	N	N	N	N	Y	N	N	N	N	N	N	1	Y	Y	N	N	N	N
398	B/O S	783506	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
399	B/O L	783599	Y	Y	N	28	N	N	Y	N	N	N	Y	N	N	N	Y	N	N	N	2	N	Y	N	N	N	Y
400	B/O R	784202	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
401	B/O G	784730	-	-	-	-	N	N	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
402	G	784423	Y	Y	N	27	N	N	Y	N	N	N	N	N	N	N	N	N	N	N	2	N	Y	N	N	N	N
403	B/O S	784507	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
404	B/O H	784984	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
405	B/O R	785066	N	Y	N	28	N	N	N	N	N	Y	N	N	N	N	N	N	N	N	1	Y	Y	N	N	Y	N
406	B/O M	784591	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
407	B/O P	786196	-	-	-	-	N	N	N	N	N	N	N	N	Y	N	N	N	N	N	-	-	-	-	-	-	-
408	B/O A	786728	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
409	B/O J	786721	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
410	B/O L 1	786747	-	-	-	-	N	N	Y	N	N	N	N	N	Y	N	N	Y	N	N	-	-	-	-	-	-	-
411	B/O L 2	786842	-	-	-	-	N	N	N	N	N	N	N	N	Y	N	N	Y	N	N	-	-	-	-	-	-	-
412	B/O S 1	786933	Y	Y	N	28	Y	N	N	N	N	N	N	N	N	Y	Y	Y	N	N	1	N	Y	N	N	Y	Y
413	B/O S 2	786943	-	-	-	-	N	N	N	N	N	N	N	N	N	Y	N	Y	N	N	-	-	-	-	-	-	-
414	B/O P	786615	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-

S.No.	Name	MRD No.	Hypertension	GI bleed	Day of Onset of AKI	Probable Cause of AKI_Sepsis	Dehydration	Shock	Nephrotoxic drugs	others	Need of Renal Replacement Therapy	Outcome	AKI RESOLVED	AKI
346	B/O R	767324	-	-	-	-	-	-	-	-	-	D	-	N
347	B/O A	767945	-	-	-	-	-	-	-	-	-	D	-	N
348	B/O G 1	768193	-	-	-	-	-	-	-	-	-	DOR	-	N
349	B/O G 2	708203	-	-	-	-	-	-	-	-	-	DOR	-	N
350	B/O G 3	768205	-	-	-	-	-	-	-	-	-	DOR	-	N
351	B/O S	768591	-	-	-	-	-	-	-	-	-	D	-	N
352	B/O R	768803	-	-	-	-	-	-	-	-	-	D	-	N
353	B/O R 1	769423	-	-	-	-	-	-	-	-	-	D	-	N
354	B/O R 2	769424	-	-	-	-	-	-	-	-	-	D	-	N
355	B/O R	769516	-	-	-	-	-	-	-	-	-	D	-	N
356	B/O S	769853	-	-	-	-	-	-	-	-	-	D	-	N
357	B/O A	770155	N	N	4	N	N	Y	N	N	N	E	N	Y
358	B/O V 1	770226	-	-	-	-	-	-	-	-	-	DAMA	-	N
359	B/O V 2	770227	-	-	-	-	-	-	-	-	-	DAMA	-	N
360	B/O V 3	770228	-	-	-	-	-	-	-	-	-	DAMA	-	N
361	B/O A	770186	-	-	-	-	-	-	-	-	-	D	-	N
362	B/O H	770822	-	-	-	-	-	-	-	-	-	D	-	N
363	B/O A 2	771005	N	N	1	Y	Y	Y	Y	N	N	DAMA	N	Y
364	B/O A 1	771004	-	-	-	-	-	-	-	-	-	D	-	N
365	B/O A	770322	-	-	-	-	-	-	-	-	-	D	-	N
366	B/O J	771726	-	-	-	-	-	-	-	-	-	DOR	-	N
367	B/O B	771861	-	-	-	-	-	-	-	-	-	D	-	N
368	B/O M	772713	-	-	-	-	-	-	-	-	-	D	-	N
369	B/O B	771934	N	N	4	N	Y	N	N	N	N	D	Y	Y
370	B/O S	774294	-	-	-	-	-	-	-	-	-	D	-	N
371	B/O V	773544	-	-	-	-	-	-	-	-	-	D	-	N
372	B/O J	774439	-	-	-	-	-	-	-	-	-	D	-	N
373	B/O K 1	775123	-	-	-	-	-	-	-	-	-	D	-	N
374	B/O K 2	775124	-	-	-	-	-	-	-	-	-	D	-	N
375	B/O R	775493	-	-	-	-	-	-	-	-	-	D	-	N
376	B/O A	778545	-	-	-	-	-	-	-	-	-	DOR	-	N
377	B/O K	775863	-	-	-	-	-	-	-	-	-	D	-	N
378	B/O P	776152	N	N	5	N	N	Y	N	N	N	DOR	Y	Y
379	B/O A	775737	-	-	-	-	-	-	-	-	-	D	-	N
380	B/O M	776731	-	-	-	-	-	-	-	-	-	D	-	N
381	B/O D	777507	-	-	-	-	-	-	-	-	-	DAMA	-	N
382	B/O K	778110	N	N	6	Y	N	N	N	N	N	DOR	Y	Y
383	B/O N	778324	-	-	-	-	-	-	-	-	-	D	-	N
384	B/O I	779110	-	-	-	-	-	-	-	-	-	D	-	N
385	B/O M	779558	-	-	-	-	-	-	-	-	-	D	-	N
386	B/O K	779758	N	N	5	Y	N	N	Y	N	N	DOR	N	Y
387	B/O M	780084	-	-	-	-	-	-	-	-	-	DAMA	-	N
388	B/O N	781118	-	-	-	-	-	-	-	-	-	D	-	N
389	B/O B	781225	-	-	-	-	-	-	-	-	-	D	-	N
390	B/O P	781297	-	-	-	-	-	-	-	-	-	DAMA	-	N
391	B/O P	781504	N	N	10	Y	N	N	Y	N	N	D	N	Y
392	B/O K	782187	-	-	-	-	-	-	-	-	-	D	-	N
393	B/O A	782182	-	-	-	-	-	-	-	-	-	D	-	N
394	B/O S	782251	-	-	-	-	-	-	-	-	-	D	-	N
395	B/O H	782294	N	N	3	N	N	Y	N	N	N	DOR	Y	Y
396	B/O K	782957	-	-	-	-	-	-	-	-	-	D	-	N
397	B/O J	782638	N	N	3	Y	N	N	Y	N	N	DAMA	N	Y
398	B/O S	783506	-	-	-	-	-	-	-	-	-	D	-	N
399	B/O L	783599	N	N	14	Y	N	Y	Y	N	N	DAMA	N	Y
400	B/O R	784202	-	-	-	-	-	-	-	-	-	D	-	N
401	B/O G	784730	-	-	-	-	-	-	-	-	-	D	-	N
402	G	784423	N	N	7	Y	N	Y	N	N	N	D	Y	Y
403	B/O S	784507	-	-	-	-	-	-	-	-	-	D	-	N
404	B/O H	784984	-	-	-	-	-	-	-	-	-	D	-	N
405	B/O R	785066	N	N	3	N	N	N	Y	N	N	DOR	N	Y
406	B/O M	784591	-	-	-	-	-	-	-	-	-	D	-	N
407	B/O P	786196	-	-	-	-	-	-	-	-	-	DOR	-	N
408	B/O A	786728	-	-	-	-	-	-	-	-	-	D	-	N
409	B/O J	786721	-	-	-	-	-	-	-	-	-	DAMA	-	N
410	B/O L 1	786747	-	-	-	-	-	-	-	-	-	DAMA	-	N
411	B/O L 2	786842	-	-	-	-	-	-	-	-	-	DAMA	-	N
412	B/O S 1	786933	N	N	9	Y	N	N	Y	N	N	D	Y	Y
413	B/O S 2	786943	-	-	-	-	-	-	-	-	-	D	-	N
414	B/O P	786615	-	-	-	-	-	-	-	-	-	D	-	N

S.No.	Name	MRD No.	DOB	DOA	DOD	Duration of hospital stay (days)	Gender	Gestation (weeks)	Mode of delivery	Site of delivery	Growth status	Birth Weight in Grms	Birth weight (grams)_< 1000	1001-1500	1501-2500	>2501	Apgar score (for inborn)_ 1 min	Apgar score (for inborn)_ 5min	Prematurity <35 weeks	Respiratory Distress	Sepsis	Perinatal Asphyxia	Seizures	Hypoglycemia	Hyperbilirubinaemia	Congenital Heart disease	Necrotising Enterocolitis	Surgical Cause	Small for gestational age	Large for gestational age
415	B/O M	787373	8/13/2019	8/13/2019	8/19/2019	7	M	34+6	N	I	A	2040	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
416	B/O M	787457	8/13/2019	8/13/2019	8/16/2019	4	M	39+4	L	O	A	2845	N	N	N	Y	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
417	B/O P	787281	8/13/2019	8/13/2019	8/30/2019	17	M	40	N	O	S	2300	N	N	Y	N	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
418	B/O A 1	788052	8/14/2019	8/14/2019	8/20/2019	7	F	34+6	L	I	A	2235	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
419	B/O T	789272	7/24/2019	8/16/2019	8/31/2019	16	M	34+4	N	O	A	2000	N	N	Y	N	-	-	N	Y	Y	N	N	N	N	N	N	N	N	N
420	B/O S	789343	8/15/2019	8/16/2019	8/20/2019	5	M	36	F	O	S	2120	N	N	Y	N	3	5	N	N	N	Y	N	N	N	N	N	N	N	N
421	B/O G	789723	8/17/2019	8/17/2019	8/22/2019	6	M	34+1	L	I	A	2000	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
422	B/O L	789848	8/17/2019	8/17/2019	8/31/2019	14	F	31+2	L	I	A	1130	N	Y	N	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
423	B/O L	789649	8/17/2019	8/17/2019	8/22/2019	6	M	36	L	I	A	2500	N	N	Y	N	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
424	B/O A	788056	8/14/2019	8/14/2019	8/20/2019	7	F	34+6	L	I	A	2300	N	N	Y	N	8	9	Y	N	N	N	N	N	Y	N	N	N	N	N
425	B/O U	790133	8/18/2019	8/18/2019	8/22/2019	5	F	36+1	L	I	A	2435	N	N	Y	N	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
426	B/O R	790245	7/22/2019	8/18/2019	8/20/2019	3	M	33+4	L	O	A	2200	N	N	Y	N	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
427	B/O R	791750	8/20/2019	8/20/2019	9/1/2019	12	M	31+1	L	I	A	1885	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
428	B/O S 1	791815	8/20/2019	8/20/2019	9/24/2019	35	M	27+3	L	I	A	925	Y	N	N	N	7	9	Y	Y	N	N	N	N	N	N	N	N	N	N
429	B/O S 2	791818	8/20/2019	8/20/2019	9/24/2019	35	M	27+3	L	I	A	920	Y	N	N	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
430	K	791777	8/14/2019	8/20/2019	8/27/2019	8	F	39+3	L	O	A	3000	N	N	N	Y	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
431	B/O G	792250	8/21/2019	8/21/2019	9/24/2019	34	M	29+6	L	I	A	940	Y	N	N	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
432	B/O M 1	792753	8/22/2019	8/22/2019	8/27/2019	6	F	25+3	N	I	S	460	Y	N	N	N	5	7	Y	Y	N	N	N	N	N	N	N	N	N	N
433	B/O M 2	792752	8/22/2019	8/22/2019	8/27/2019	6	F	25+3	N	I	S	560	Y	N	N	N	5	7	Y	Y	N	N	N	N	N	N	N	N	N	N
434	B/O K 1	792754	8/21/2019	8/21/2019	9/1/2019	11	F	31+6	L	I	A	1420	N	Y	N	N	5	9	Y	Y	N	N	N	N	N	N	N	N	N	N
435	B/O K 2	792756	8/21/2019	8/21/2019	9/1/2019	11	M	31+6	L	I	A	1240	N	Y	N	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
436	B/O N	793047	8/22/2019	8/22/2019	8/27/2019	6	F	33+4	L	I	A	1600	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
437	B/O K	793256	8/22/2019	8/22/2019	9/4/2019	14	F	32+1	L	I	S	1100	N	Y	N	N	8	9	Y	Y	N	N	N	N	N	N	N	N	Y	N
438	B/O J	792923	8/20/2019	8/22/2019	8/25/2019	4	M	37+2	N	O	A	2700	N	N	N	Y	-	-	N	N	Y	N	N	N	N	N	N	N	N	N
439	B/O S	793273	8/20/2019	8/22/2019	9/4/2019	14	M	37	N	O	A	2700	N	N	N	Y	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
440	B/O R	793510	8/22/2019	8/22/2019	8/30/2019	9	M	33	L	I	S	1460	N	Y	N	N	5	7	Y	Y	N	N	N	N	N	N	N	N	N	N
441	B/O N	793474	8/22/2019	8/22/2019	8/31/2019	10	M	35+6	L	O	L	3800	N	N	N	Y	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
442	B/O C	793906	8/23/2019	8/23/2019	8/28/2019	6	M	38+5	L	I	A	3280	N	N	N	Y	6	9	N	Y	N	Y	N	N	N	N	N	N	N	N
443	B/O S	794141	8/23/2019	8/23/2019	8/27/2019	5	F	33+2	L	I	S	1480	N	Y	N	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
444	B/O H	794295	8/23/2019	8/23/2019	8/28/2019	6	M	35	L	I	A	2500	N	N	Y	N	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
445	B/O A	794320	8/24/2019	8/24/2019	9/5/2019	13	M	28+4	L	I	A	1400	N	Y	N	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
446	B/O P	794653	8/24/2019	8/24/2019	9/2/2019	10	M	32+6	L	I	A	1885	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
447	B/O K	794851	8/24/2019	8/24/2019	9/26/2019	34	F	30+2	L	I	A	1340	N	Y	N	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
448	B/O P	800426	9/1/2019	9/1/2019	9/21/2019	20	M	30+1	L	I	A	1460	N	Y	N	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
449	B/O M	800398	9/1/2019	9/1/2019	9/28/2019	27	M	32+3	L	I	S	1220	N	Y	N	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
450	B/O J	799672	9/1/2019	9/1/2019	9/8/2019	7	M	34+2	L	I	A	2260	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
451	B/O D	801350	9/1/2019	9/1/2019	9/17/2019	16	M	36	L	I	A	2500	N	N	Y	N	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
452	B/O R	800540	9/2/2019	9/2/2019	9/5/2019	4	F	39	L	I	A	3340	N	N	N	Y	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
453	B/O J	802133	9/3/2019	9/3/2019	9/28/2019	25	M	30	L	I	A	1950	N	N	Y	N	8	9	Y	N	N	N	N	N	N	N	N	N	N	N
454	B/O A 1	802208	9/3/2019	9/3/2019	9/5/2019	3	M	35+6	L	I	A	2200	N	N	Y	N	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
455	B/O A 2	802210	9/3/2019	9/3/2019	9/12/2019	9	F	35+6	L	I	A	1820	N	N	Y	N	5	8	N	Y	N	Y	N	N	N	N	N	N	N	N
456	B/O P	808886	9/3/2019	9/3/2019	9/26/2019	23	F	34+6	L	I	A	2100	N	N	Y	N	7	9	Y	Y	N	N	N	N	N	N	N	N	N	N
457	B/O S	802247	9/3/2019	9/3/2019	9/9/2019	6	M	37+2	N	I	S	2220	N	N	Y	N	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
458	B/O H	802246	9/4/2019	9/4/2019	10/18/2019	44	M	25+4	N	I	A	900	Y	N	N	N	5	6	Y	Y	N	Y	N	N	N	Y	N	N	N	N
459	B/O P 1	803604	9/5/2019	9/5/2019	9/11/2019	7	M	32+3	L	I	A	1960	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
460	B/O P 2	803607	9/5/2019	9/5/2019	9/11/2019	7	F	32+3	L	I	A	1700	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
461	B/O M	797744	9/5/2019	9/5/2019	9/20/2019	15	F	33+5	L	I	A	1600	N	N	Y	N	8	9	Y	Y	Y	N	N	N	N	N	N	N	N	N
462	B/O R	804296	9/6/2019	9/6/2019	9/21/2019	15	F	32+4	N	I	A	1820	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
463	B/O P	804191	9/6/2019	9/6/2019	9/12/2019	6	M	31+6	L	I	A	1920	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
464	B/O L	783599	9/7/2019	9/7/2019	10/9/2019	32	F	27+5	L	I	A	980	Y	N	N	N	5	8	Y	Y	N	Y	N	N	N	N	N	N	N	N
465	B/O A	806463	9/9/2019	9/9/2019	9/28/2019	19	M	34	N	I	A	2000	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
466	B/O P	806508	9/9/2019	9/9/2019	10/19/2019	40	F	29+1	N	I	A	1340	N	Y	N	N	6	8	Y	Y	N	N	N	N	N	N	N	N	N	N
467	B/O R	807289	9/10/2019	9/10/2019	9/14/2019	5	M	39+1	N	O	S	2300	N	N	Y	N	-	-	N	Y	Y	N	N	N	N	N	N	N	N	N
468	B/O B	807365	9/11/2019	9/11/2019	9/14/2019	4	M	38+4	L	O	A	3000	N	N	N	Y	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
469	B/O R	807380	9/11/2019	9/11/2019	9/13/2019	3	M	38+4	N	I	A	2880	N	N	N	Y	7	8	N	Y	N	N	N	N	N	Y	N	N	N	N
470	B/O S	807833	9/11/2019	9/11/2019	9/15/2019	5	M	39	L	I	A	3310	N	N	N	Y	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
471	B/O M	808103	9/11/2019	9/11/2019	9/30/2019	19	M	34+2	L	I	S	1560	N	N	Y	N	7	8	Y	Y	N	N	N	N	N	N	N	N	N	N
472	B/O P	808193	9/12/2019	9/12/2019	9/16/2019	4	M	39+4	L	I	A	3420	N	N	N	Y	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
473	B/O R 1	808576	9/12/2019	9/12/2019	10/18/2019	36	M	29+2	L	I	A	1015	N	Y	N	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
474	B/O R 2	808583	9/12/2019	9/12/2019	10/18/2019	36	F	29+2	L	I	A	1060	N	Y	N	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
475	B/O S	808886	9/12/2019	9/12/2019	9/19/2019	8	M	31+3	N	I	A	1360	N	Y	N	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
476	B/O R	809088	9/13/2019	9/13/2019	9/23/2019	10	M	33	L	I	A	2130	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
477	B/O J 1	812142	9/17/2019	9/17/2019	11/8/2019	52	M	27+2	N	I	A	880	Y	N	N	N	6	8	Y	Y	N	N	N	N	N	N	N	N	N	N
478	B/O J 2	812144	9/17/2019	9/17/2019	11/8/2019	52	M	27+2	N	I	A	920	Y	N	N	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
479	B/O S	812253	9/17/2019	9/17/2019	9/23/2019	7	M	38+3	L	I	A	2960	N	N	N	Y	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
480	B/O B	812347	9/17/2019	9/17/2019	10/1/2019	14	M	35+5	L	I	S	1420	N	Y	N	N	5	8	N	Y	N	N	N	N	N	N	N	N	N	N
481	B/O P	813320	9/19/2019	9/19/2019	9/26/2019	8	M	34+3	L	I	S	1260	N	Y	N	N	7	8	Y	Y	N	N	N	N	N	N	N	N	N	N
482	B/O R	813685	9/19/2019	9/19/2019	10/14/2019	26	F	29+2	L	I	A	1260	N	Y	N	N	7	9	Y	Y	N	N	N	N	N	N	N	N	N	N
483	B/O P	813465	9/19/2019	9/19/2019	9/28/2019	10	M	33	L	I	A	1835	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N

S.No.	Name	MRD No.	Congenital renal anomaly	Birth asphyxia requiring bag and mask ventilaton	Need for ventilation (Days)	Duration of ventilatory support()	RDS	Need for surfactant	Apnea of prematuriy	Feed Intolerance	Need for inotropes	Need for CPAP	NEC	Need for phototherapy	Need For exchange transfusion	Abnormal ROP screening	Sepsis	Use of Nephrotoxic Drugs	Antibiotic drug used (in days)_C	A	P	N	M	V	Others	Antibitoic used	Need for ventilation_AT AKI	Duration of ventilatory upport ()_AT AKI	RDS_AT AKI	Feed Intolerance_AT AKI	Need for inotropes_AT AKI	Number of inotropes used_AT AKI	Need for CPAP_AT AKI	NEC_AT AKI
415	B/O M	787373	N	Y	N	-	Y	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
416	B/O M	787457	N	N	N	-	N	N	N	N	N	Y	N	N	N	N	N	Y	3	3	-	-	-	-	1	-	-	-	-	-	-	-	-	-
417	B/O P	787281	N	N	Y	7	N	N	N	N	Y	Y	N	N	N	N	E	Y	3	-	7	7	-	-	1	-	-	-	-	-	-	-	-	-
418	B/O A 1	788052	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
419	B/O T	789272	N	N	N	-	Y	N	N	N	N	Y	N	N	N	N	N	Y	-	-	5	5	10	10	-	2	-	-	-	-	-	-	-	-
420	B/O S	789343	N	Y	Y	2	Y	Y	N	N	Y	N	N	N	N	N	E	Y	-	-	-	-	2	2	-	1	Y	2	Y	N	Y	2	N	N
421	B/O G	789723	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
422	B/O L	789848	N	N	N	-	N	N	N	N	N	Y	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
423	B/O L	789649	N	N	N	-	N	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
424	B/O A	788056	N	N	N	-	Y	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
425	B/O U	790133	N	N	N	-	Y	N	N	N	N	Y	N	Y	N	N	N	Y	2	2	-	-	-	-	1	-	-	-	-	-	-	-	-	-
426	B/O R	790245	N	Y	Y	3	Y	N	N	N	N	N	N	N	N	N	N	Y	2	2	-	-	-	-	1	-	-	-	-	-	-	-	-	-
427	B/O R	791750	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
428	B/O S 1	791815	N	Y	Y	5	Y	Y	N	N	N	Y	N	Y	N	N	N	Y	5	5	-	-	-	-	1	-	-	-	-	-	-	-	-	-
429	B/O S 2	791818	N	N	N	-	Y	Y	N	N	N	Y	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
430	K	791777	N	N	Y	3	N	N	N	N	N	N	N	N	N	N	E	Y	-	-	-	7	7	-	1	-	-	-	-	-	-	-	-	-
431	B/O G	792250	N	N	N	-	Y	Y	Y	N	N	Y	N	Y	N	N	N	Y	3	3	-	-	-	-	1	-	-	-	-	-	-	-	-	-
432	B/O M 1	792753	N	N	Y	6	Y	Y	N	N	Y	N	N	N	N	N	N	Y	6	6	-	-	-	-	1	-	-	-	-	-	-	-	-	-
433	B/O M 2	792752	N	N	Y	6	Y	Y	N	N	Y	N	N	N	N	N	N	N	6	6	-	-	-	-	-	-	-	-	-	-	-	-	-	-
434	B/O K 1	792754	N	N	Y	4	Y	Y	N	N	N	Y	N	N	N	N	N	Y	5	5	-	-	-	-	1	-	-	-	-	-	-	-	-	-
435	B/O K 2	792756	N	N	Y	4	Y	Y	N	N	N	Y	N	N	N	N	N	Y	10	10	-	-	-	-	2	-	-	-	-	-	-	-	-	-
436	B/O N	793047	N	N	N	-	Y	N	N	N	N	N	N	Y	N	N	N	Y	3	3	-	-	-	-	1	-	-	-	-	-	-	-	-	-
437	B/O K	793256	N	N	N	-	Y	N	N	N	N	Y	Y	N	N	N	E	Y	7	7	-	-	-	-	2	-	-	-	-	-	-	-	-	-
438	B/O J	792923	N	N	N	-	N	N	N	N	Y	Y	N	N	N	N	E	Y	-	-	-	-	1	1	-	1	N	-	N	N	Y	2	Y	N
439	B/O S	793273	N	N	N	-	N	N	N	N	Y	Y	N	Y	N	N	E	Y	5	5	-	-	8	8	-	2	N	-	N	N	Y	2	Y	N
440	B/O R	793510	N	Y	Y	3	Y	Y	N	Y	Y	Y	N	Y	N	N	N	Y	5	5	-	-	-	-	1	Y	3	Y	Y	Y	2	Y	N	
441	B/O N	793474	N	N	N	-	N	N	N	N	N	Y	N	Y	N	N	E	Y	7	7	-	-	-	-	2	-	-	-	-	-	-	-	-	-
442	B/O C	793906	N	Y	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
443	B/O S	794141	N	N	N	-	Y	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
444	B/O H	794295	N	N	N	-	Y	N	N	Y	Y	Y	N	N	N	N	E	Y	6	6	-	-	-	-	1	-	-	-	-	-	-	-	-	-
445	B/O A	794320	N	N	N	-	Y	Y	Y	Y	N	Y	N	Y	N	N	L	Y	5	5	-	-	-	-	1	-	-	-	-	-	-	-	-	-
446	B/O P	794653	N	N	N	-	Y	N	N	N	N	Y	N	N	N	N	N	Y	5	5	-	-	-	-	1	-	-	-	-	-	-	-	-	-
447	B/O K	794851	N	N	Y	15	Y	N	Y	N	N	Y	N	Y	N	N	N	Y	7	7	-	-	5	5	2	-	-	-	-	-	-	-	-	-
448	B/O P	800426	N	N	N	-	Y	N	N	N	N	Y	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
449	B/O M	800398	N	N	N	-	Y	N	N	Y	N	Y	Y	Y	Y	N	E	Y	15	15	-	-	15	15	-	2	-	-	-	-	-	-	-	-
450	B/O J	799672	N	N	N	-	Y	N	N	N	N	Y	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
451	B/O D	801350	N	N	N	-	Y	N	N	N	N	Y	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
452	B/O R	800540	N	Y	N	-	Y	N	N	N	N	Y	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
453	B/O J	802133	N	N	N	-	Y	N	Y	Y	N	Y	Y	Y	N	N	L	Y	12	7	14	14	-	-	2	-	-	-	-	-	-	-	-	-
454	B/O A 1	802208	N	N	N	-	Y	N	N	N	N	Y	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
455	B/O A 2	802210	N	Y	N	-	Y	N	N	Y	N	Y	N	N	N	N	N	Y	-	-	7	7	-	-	1	-	-	-	-	-	-	-	-	-
456	B/O P	808886	N	N	N	-	Y	Y	N	N	N	Y	N	Y	N	N	N	Y	10	10	-	-	-	-	2	-	-	-	-	-	-	-	-	-
457	B/O S	802247	N	N	N	-	Y	N	N	N	N	Y	N	Y	N	N	N	Y	7	7	-	-	-	-	2	-	-	-	-	-	-	-	-	-
458	B/O H	802246	N	Y	Y	4	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N	Y	10	-	10	-	-	-	2	-	-	-	-	-	-	-	-	-
459	B/O P 1	803604	N	N	N	-	Y	N	N	N	N	Y	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
460	B/O P 2	803607	N	Y	N	-	Y	N	N	N	N	Y	N	N	N	N	E	Y	7	7	-	-	-	-	2	-	-	-	-	-	-	-	-	-
461	B/O M	797744	N	N	N	-	Y	N	Y	N	N	Y	N	Y	N	N	N	Y	7	7	-	-	-	-	2	-	-	-	-	-	-	-	-	-
462	B/O R	804296	N	N	N	-	Y	Y	N	N	N	Y	N	Y	N	N	E	Y	7	7	-	-	-	-	2	-	-	-	-	-	-	-	-	-
463	B/O P	804191	N	N	N	-	Y	N	N	N	N	Y	N	Y	N	N	N	Y	5	5	-	-	-	-	1	-	-	-	-	-	-	-	-	-
464	B/O L	783599	N	Y	Y	10	Y	Y	Y	Y	Y	Y	N	Y	N	N	E	Y	7	-	14	-	-	-	2	-	-	-	-	-	-	-	-	-
465	B/O A	806463	N	N	N	-	Y	N	N	N	N	Y	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
466	B/O P	806508	N	Y	N	-	Y	Y	Y	Y	N	Y	Y	Y	N	N	E	Y	10	10	-	-	-	-	2	-	-	-	-	-	-	-	-	-
467	B/O R	807289	N	N	N	-	Y	N	N	N	N	N	N	Y	N	N	N	Y	3	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-
468	B/O B	807365	N	N	N	-	Y	Y	N	N	N	Y	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
469	B/O R	807380	N	N	N	-	Y	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
470	B/O S	807833	N	N	N	-	Y	N	N	N	N	Y	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
471	B/O M	808103	N	N	N	-	Y	N	N	Y	N	Y	Y	Y	N	N	E	Y	10	10	10	10	-	-	2	-	-	-	-	-	-	-	-	-
472	B/O P	808193	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
473	B/O R 1	808576	N	N	N	-	Y	Y	Y	N	N	Y	N	Y	N	N	N	Y	5	5	-	-	-	-	1	-	-	-	-	-	-	-	-	-
474	B/O R 2	808583	N	N	N	-	Y	Y	Y	N	N	Y	N	Y	N	N	N	Y	5	5	-	-	-	-	1	-	-	-	-	-	-	-	-	-
475	B/O S	808886	N	N	N	-	Y	N	N	N	N	Y	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
476	B/O R	809088	N	N	N	-	Y	N	N	N	N	Y	N	Y	N	N	E	Y	8	8	-	-	-	-	2	-	-	-	-	-	-	-	-	-
477	B/O J 1	812142	N	Y	Y	10	Y	Y	Y	Y	Y	Y	Y	Y	N	N	L	Y	-	-	14	-	-	14	-	2	-	-	-	-	-	-	-	-
478	B/O J 2	812144	N	N	N	-	Y	Y	Y	Y	Y	Y	Y	Y	N	N	E	Y	-	-	10	-	-	10	-	2	-	-	-	-	-	-	-	-
479	B/O S	812253	N	N	N	-	Y	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
480	B/O B	812347	N	N	N	-	Y	N	N	N	Y	Y	Y	Y	N	N	E	Y	4	4	4	4	-	-	1	-	-	-	-	-	-	-	-	-
481	B/O P	813320	N	Y	N	-	Y	N	N	N	N	Y	Y	Y	N	N	E	Y	3	3	5	5	-	-	1	-	-	-	-	-	-	-	-	-
482	B/O R	813685	N	Y	Y	13	Y	Y	Y	Y	Y	Y	Y	Y	N	N	E	Y	7	7	13	13	-	-	2	-	-	-	-	-	-	-	-	-
483	B/O P	813465	N	N	N	-	Y	Y	N	N	N	Y	N	Y	N	N	E	Y	5	5	-	-	-	-	1	-	-	-	-	-	-	-	-	-

S.No.	Name	MRD No.	Sepsis screen_AT AKI	Metabolic Acidosis_AT AKI	PDA_AT AKI	MATERNAL VARIABLES_Age (years)	Infections	Diabetes	Hypothyroidism	Chronic hypertension	Kidney disease	Pre-eclampsia	Eclampsia	Intrauterine growth retardation	Oligohydramnios	Polyhydramnios	Haemorrhage	Multiple gestation	Assisted Conception	Antepartum complication	STAGE OF KIDNEY INJURY	AKI COMPLICATIONS_Hyperkalemia (>5.5 meq/l)	Acidosis	Pulmonary Edema	Volume Overload	Hyponatremia(<130meq/l)	Anemia
415	B/O M	787373	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
416	B/O M	787457	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
417	B/O P	787281	-	-	-	-	N	N	N	N	N	Y	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-
418	B/O A 1	788052	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	N	N	-	-	-	-	-	-	-
419	B/O T	789272	-	-	-	-	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
420	B/O S	789343	Y	Y	N	28	Y	Y	N	N	N	N	N	Y	N	N	N	N	N	N	1	Y	Y	N	N	Y	N
421	B/O G	789723	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
422	B/O L	789848	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
423	B/O L	789649	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
424	B/O A	788056	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
425	B/O U	790133	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
426	B/O R	790245	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
427	B/O R	791750	-	-	-	-	N	N	N	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-
428	B/O S 1	791815	-	-	-	-	N	N	Y	N	N	N	N	N	N	N	N	Y	N	N	-	-	-	-	-	-	-
429	B/O S 2	791818	-	-	-	-	N	N	Y	N	N	N	N	N	N	N	N	Y	N	N	-	-	-	-	-	-	-
430	K	791777	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
431	B/O G	792250	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
432	B/O M 1	792753	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	-	-	-	-	-	-	-
433	B/O M 2	792752	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	-	-	-	-	-	-	-
434	B/O K 1	792754	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	-	-	-	-	-	-	-
435	B/O K 2	792756	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	-	-	-	-	-	-	-
436	B/O N	793047	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
437	B/O K	793256	-	-	-	-	N	N	N	N	N	N	N	N	N	N	Y	N	N	N	-	-	-	-	-	-	-
438	B/O J	792923	Y	Y	N	32	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	2	Y	Y	N	N	Y	N
439	B/O S	793273	Y	Y	N	28	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	3	N	Y	N	N	N	N
440	B/O R	793510	N	Y	N	24	N	N	N	N	N	Y	N	Y	N	N	N	N	N	Y	1	N	Y	Y	Y	N	N
441	B/O N	793474	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
442	B/O C	793906	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
443	B/O S	794141	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
444	B/O H	794295	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
445	B/O A	794320	-	-	-	-	N	N	N	N	N	N	N	Y	N	N	N	N	N	N	-	-	-	-	-	-	-
446	B/O P	794653	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
447	B/O K	794851	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
448	B/O P	800426	-	-	-	-	N	N	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
449	B/O M	800398	-	-	-	-	N	N	N	N	N	N	N	N	N	N	Y	N	N	N	-	-	-	-	-	-	-
450	B/O J	799672	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
451	B/O D	801350	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
452	B/O R	800540	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
453	B/O J	802133	-	-	-	-	N	N	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
454	B/O A 1	802208	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	N	N	-	-	-	-	-	-	-
455	B/O A 2	802210	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	N	N	-	-	-	-	-	-	-
456	B/O P	808886	-	-	-	-	N	N	N	N	N	N	N	Y	N	N	N	N	N	N	-	-	-	-	-	-	-
457	B/O S	802247	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
458	B/O H	802246	-	-	-	-	N	N	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
459	B/O P 1	803604	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	-	-	-	-	-	-	-
460	B/O P 2	803607	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	-	-	-	-	-	-	-
461	B/O M	797744	-	-	-	-	Y	N	N	N	Y	N	N	N	N	N	Y	N	N	N	-	-	-	-	-	-	-
462	B/O R	804296	-	-	-	-	N	N	N	N	Y	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
463	B/O P	804191	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
464	B/O L	783599	-	-	-	-	N	N	N	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-
465	B/O A	806463	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
466	B/O P	806508	-	-	-	-	N	N	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
467	B/O R	807289	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
468	B/O B	807365	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
469	B/O R	807380	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
470	B/O S	807833	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
471	B/O M	808103	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
472	B/O P	808193	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
473	B/O R 1	808576	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	-	-	-	-	-	-	-
474	B/O R 2	808583	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	-	-	-	-	-	-	-
475	B/O S	808886	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
476	B/O R	809088	-	-	-	-	N	N	N	N	N	N	N	N	N	N	Y	N	N	N	-	-	-	-	-	-	-
477	B/O J 1	812142	-	-	-	-	N	N	N	N	N	N	N	N	N	Y	N	Y	N	N	-	-	-	-	-	-	-
478	B/O J 2	812144	-	-	-	-	N	N	N	N	N	N	N	N	N	Y	N	Y	N	N	-	-	-	-	-	-	-
479	B/O S	812253	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
480	B/O B	812347	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
481	B/O P	813320	-	-	-	-	N	N	N	N	N	Y	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
482	B/O R	813685	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
483	B/O P	813465	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-

S.No.	Name	MRD No.	Hypertension	GI bleed	Day of Onset of AKI	Probable Cause of AKI_Sepsis	Dehydration	Shock	Nephrotoxic drugs	others	Need of Renal Replacement Therapy	Outcome	AKI RESOLVED	AKI
415	B/O M	787373	-	-	-	-	-	-	-	-	-	D	-	N
416	B/O M	787457	-	-	-	-	-	-	-	-	-	D	-	N
417	B/O P	787281	-	-	-	-	-	-	-	-	-	D	-	N
418	B/O A 1	788052	-	-	-	-	-	-	-	-	-	D	-	N
419	B/O T	789272	-	-	-	-	-	-	-	-	-	D	-	N
420	B/O S	789343	N	N	3	Y	N	Y	Y	N	N	DAMA	N	Y
421	B/O G	789723	-	-	-	-	-	-	-	-	-	D	-	N
422	B/O L	789848	-	-	-	-	-	-	-	-	-	D	-	N
423	B/O L	789649	-	-	-	-	-	-	-	-	-	D	-	N
424	B/O A	788056	-	-	-	-	-	-	-	-	-	D	-	N
425	B/O U	790133	-	-	-	-	-	-	-	-	-	DOR	-	N
426	B/O R	790245	-	-	-	-	-	-	-	-	-	D	-	N
427	B/O R	791750	-	-	-	-	-	-	-	-	-	D	-	N
428	B/O S 1	791815	-	-	-	-	-	-	-	-	-	D	-	N
429	B/O S 2	791818	-	-	-	-	-	-	-	-	-	D	-	N
430	K	791777	-	-	-	-	-	-	-	-	-	D	-	N
431	B/O G	792250	-	-	-	-	-	-	-	-	-	D	-	N
432	B/O M 1	792753	-	-	-	-	-	-	-	-	-	DAMA	-	N
433	B/O M 2	792752	-	-	-	-	-	-	-	-	-	DAMA	-	N
434	B/O K 1	792754	-	-	-	-	-	-	-	-	-	D	-	N
435	B/O K 2	792756	-	-	-	-	-	-	-	-	-	DOR	-	N
436	B/O N	793047	-	-	-	-	-	-	-	-	-	D	-	N
437	B/O K	793256	-	-	-	-	-	-	-	-	-	D	-	N
438	B/O J	792923	N	N	3	Y	N	Y	Y	N	N	E	N	Y
439	B/O S	793273	N	N	3	Y	N	Y	Y	N	N	DAMA	N	Y
440	B/O R	793510	N	N	3	N	N	Y	N	N	N	E	N	Y
441	B/O N	793474	-	-	-	-	-	-	-	-	-	D	-	N
442	B/O C	793906	-	-	-	-	-	-	-	-	-	D	-	N
443	B/O S	794141	-	-	-	-	-	-	-	-	-	D	-	N
444	B/O H	794295	-	-	-	-	-	-	-	-	-	E	-	N
445	B/O A	794320	-	-	-	-	-	-	-	-	-	DOR	-	N
446	B/O P	794653	-	-	-	-	-	-	-	-	-	D	-	N
447	B/O K	794851	-	-	-	-	-	-	-	-	-	D	-	N
448	B/O P	800426	-	-	-	-	-	-	-	-	-	D	-	N
449	B/O M	800398	-	-	-	-	-	-	-	-	-	D	-	N
450	B/O J	799672	-	-	-	-	-	-	-	-	-	D	-	N
451	B/O D	801350	-	-	-	-	-	-	-	-	-	D	-	N
452	B/O R	800540	-	-	-	-	-	-	-	-	-	D	-	N
453	B/O J	802133	-	-	-	-	-	-	-	-	-	D	-	N
454	B/O A 1	802208	-	-	-	-	-	-	-	-	-	D	-	N
455	B/O A 2	802210	-	-	-	-	-	-	-	-	-	D	-	N
456	B/O P	808886	-	-	-	-	-	-	-	-	-	D	-	N
457	B/O S	802247	-	-	-	-	-	-	-	-	-	D	-	N
458	B/O H	802246	-	-	-	-	-	-	-	-	-	D	-	N
459	B/O P 1	803604	-	-	-	-	-	-	-	-	-	DOR	-	N
460	B/O P 2	803607	-	-	-	-	-	-	-	-	-	DOR	-	N
461	B/O M	797744	-	-	-	-	-	-	-	-	-	DOR	-	N
462	B/O R	804296	-	-	-	-	-	-	-	-	-	D	-	N
463	B/O P	804191	-	-	-	-	-	-	-	-	-	DOR	-	N
464	B/O L	783599	-	-	-	-	-	-	-	-	-	DAMA	-	N
465	B/O A	806463	-	-	-	-	-	-	-	-	-	D	-	N
466	B/O P	806508	-	-	-	-	-	-	-	-	-	D	-	N
467	B/O R	807289	-	-	-	-	-	-	-	-	-	D	-	N
468	B/O B	807365	-	-	-	-	-	-	-	-	-	DOR	-	N
469	B/O R	807380	-	-	-	-	-	-	-	-	-	D	-	N
470	B/O S	807833	-	-	-	-	-	-	-	-	-	D	-	N
471	B/O M	808103	-	-	-	-	-	-	-	-	-	D	-	N
472	B/O P	808193	-	-	-	-	-	-	-	-	-	D	-	N
473	B/O R 1	808576	-	-	-	-	-	-	-	-	-	D	-	N
474	B/O R 2	808583	-	-	-	-	-	-	-	-	-	D	-	N
475	B/O S	808886	-	-	-	-	-	-	-	-	-	D	-	N
476	B/O R	809088	-	-	-	-	-	-	-	-	-	D	-	N
477	B/O J 1	812142	-	-	-	-	-	-	-	-	-	D	-	N
478	B/O J 2	812144	-	-	-	-	-	-	-	-	-	D	-	N
479	B/O S	812253	-	-	-	-	-	-	-	-	-	DOR	-	N
480	B/O B	812347	-	-	-	-	-	-	-	-	-	D	-	N
481	B/O P	813320	-	-	-	-	-	-	-	-	-	D	-	N
482	B/O R	813685	-	-	-	-	-	-	-	-	-	D	-	N
483	B/O P	813465	-	-	-	-	-	-	-	-	-	DOR	-	N

S.No.	Name	MRD No.	DOB	DOA	DOD	Duration of hospital stay (days)	Gender	Gestation (weeks)	Mode of delivery	Site of delivery	Growth status	Birth Weight in Grms	Birth weight (grams)_< 1000	1001-1500	1501-2500	>2501	Apgar score (for inborn)_ 1 min	Apgar score (for inborn)_ 5min	Prematurity <35 weeks	Respiratory Distress	Sepsis	Perinatal Asphyxia	Seizures	Hypoglycemia	Hyperbilirubinaemia	Congenital Heart disease	Necrotising Enterocolitis	Surgical Cause	Small for gestational age	Large for gestational age
484	B/O A	813757	9/19/2019	9/19/2019	9/23/2019	5	M	35+6	L	I	A	2520	N	N	N	Y	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
485	B/O D	815296	9/21/2019	9/21/2019	10/22/2019	32	F	32+6	L	I	A	2020	N	N	Y	N	5	8	Y	Y	N	N	N	N	N	N	N	N	N	N
486	B/O V	816196	9/23/2019	9/23/2019	10/4/2019	12	F	33+4	L	I	A	1800	N	N	Y	N	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
487	B/O S	815572	9/23/2019	9/23/2019	9/30/2019	7	M	34	N	I	A	2060	N	N	Y	N	7	9	Y	Y	N	N	N	N	N	N	N	N	N	N
488	B/O K 1	817527	9/25/2019	9/25/2019	10/6/2019	12	F	31+6	L	I	A	1480	N	Y	N	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
489	B/O K 2	817529	9/25/2019	9/25/2019	10/14/2019	20	M	31+6	L	I	A	1440	N	Y	N	N	6	9	Y	Y	N	N	N	N	N	N	N	N	N	N
490	B/O G	818771	9/26/2019	9/26/2019	9/28/2019	3	M	25	N	I	S	500	Y	N	N	N	5	8	Y	Y	N	Y	N	N	N	N	N	N	N	N
491	B/O A 1	818891	9/27/2019	9/27/2019	10/11/2019	16	F	26	N	I	A	780	Y	N	N	N	6	8	Y	Y	N	N	N	N	N	N	N	N	N	N
492	B/O A 2	818893	9/27/2019	9/27/2019	10/5/2019	9	F	26	N	I	A	680	Y	N	N	N	5	8	Y	Y	N	Y	N	N	N	N	N	N	N	N
493	B/O S	819522	9/27/2019	9/27/2019	10/5/2019	9	F	25	N	I	S	600	Y	N	N	N	5	8	Y	Y	N	Y	N	N	N	N	N	N	N	N
494	B/O P	819609	9/27/2019	9/27/2019	10/9/2019	14	M	35+6	L	I	A	2860	N	N	N	Y	5	6	N	Y	N	Y	N	N	N	N	N	N	N	N
495	B/O V	819930	9/28/2019	9/28/2019	10/14/2019	18	M	25	N	I	S	550	Y	N	N	N	5	8	Y	Y	N	Y	N	N	N	N	N	N	N	N
496	B/O M	820229	9/28/2019	9/28/2019	10/7/2019	11	F	33	L	I	A	1800	N	N	Y	N	5	8	Y	Y	N	Y	N	N	N	N	N	N	N	N
497	B/O S	820434	9/29/2019	9/29/2019	10/9/2019	12	M	32+1	N	I	S	1400	N	Y	N	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
498	B/O M	820757	9/30/2019	9/30/2019	10/7/2019	8	F	32+3	N	I	A	1840	N	N	Y	N	4	9	Y	Y	N	Y	N	N	N	N	N	N	N	N
499	B/O S	821566	10/1/2019	10/1/2019	10/10/2019	10	M	39+4	L	I	S	2400	N	N	Y	N	7	8	N	N	N	N	N	Y	N	N	N	N	Y	N
500	B/O R	822069	10/2/2019	10/2/2019	10/24/2019	22	M	30+6	L	I	S	1185	N	Y	N	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
501	B/O P	823104	10/4/2019	10/4/2019	10/8/2019	4	M	38+3	L	I	A	3440	N	N	N	Y	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
502	B/O B	823633	10/4/2019	10/4/2019	10/8/2019	4	F	31+3	L	I	A	1600	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
503	B/O K	823674	10/4/2019	10/4/2019	10/24/2019	20	M	31	L	I	A	1480	N	Y	N	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
504	B/O J	824324	10/5/2019	10/5/2019	10/9/2019	5	F	35+3	L	I	A	2470	N	N	N	Y	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
505	B/O H	824607	10/6/2019	10/6/2019	10/14/2019	9	F	31+2	L	I	S	1100	N	Y	N	N	6	9	Y	Y	N	N	N	N	N	N	N	N	N	N
506	S	825385	9/27/2019	10/7/2019	10/13/2019	7	F	37+2	L	O	A	3800	N	N	N	Y	-	-	N	N	Y	N	N	N	N	N	N	N	N	N
507	G	825582	10/8/2019	10/8/2019	10/26/2019	18	F	31	N	I	A	1460	N	Y	N	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
508	B/O J	825728	10/6/2019	10/8/2019	10/11/2019	4	M	37+4	L	O	A	2800	N	N	N	Y	-	-	N	N	N	N	N	N	N	N	N	N	Y	N
509	M	826173	10/1/2019	10/9/2019	10/12/2019	4	M	31	N	O	S	1285	N	Y	N	N	-	-	Y	Y	N	N	N	N	N	N	N	N	N	N
510	B/O P	823104	10/4/2019	10/4/2019	10/8/2019	4	M	38+3	L	I	A	3440	N	N	N	Y	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
511	U	828146	10/11/2019	10/11/2019	10/16/2019	6	F	36	L	O	S	2100	N	N	Y	N	-	-	N	Y	N	N	N	N	N	N	N	Y	N	N
512	B/O M	828753	10/12/2019	10/12/2019	10/16/2019	5	M	39+3	L	O	S	2540	N	N	N	Y	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
513	B/O S	828734	10/1/2019	10/12/2019	10/16/2019	5	M	39+4	L	O	A	3400	N	N	N	Y	-	-	N	N	N	N	N	N	N	Y	N	N	N	N
514	B/O J	828834	10/13/2019	10/13/2019	10/18/2019	6	M	35	L	I	A	2350	N	N	Y	N	6	8	Y	Y	N	Y	N	N	N	N	N	N	N	N
515	B/O J	828835	10/13/2019	10/13/2019	10/18/2019	6	F	35	L	I	A	1660	N	N	Y	N	6	8	Y	Y	N	Y	N	N	N	N	N	N	N	N
516	B/O S	828974	10/13/2019	10/13/2019	10/30/2019	17	F	29+4	N	I	A	1300	N	Y	N	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
517	B/O I 1	829427	10/14/2019	10/14/2019	11/13/2019	31	M	29	L	I	A	1040	N	Y	N	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
518	B/O I 2	829442	10/14/2019	10/14/2019	11/13/2019	31	M	29	L	I	A	1135	N	Y	N	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
519	B/O G	830150	10/15/2019	10/15/2019	10/31/2019	16	M	35	L	I	S	1980	N	N	Y	N	6	9	N	Y	N	N	N	N	N	N	N	N	N	N
520	B/O A	830583	10/15/2019	10/15/2019	10/26/2019	10	M	34+3	L	I	A	1940	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
521	B/O A	831126	10/12/2019	10/16/2019	10/25/2019	7	M	33	N	O	A	2400	N	N	Y	N	-	-	Y	Y	N	N	N	N	N	N	N	N	N	N
522	B/O R	831680	10/17/2019	10/17/2019	11/10/2019	25	M	28	N	I	A	1000	Y	N	N	N	5	8	Y	Y	N	Y	N	N	N	N	N	N	N	N
523	B/O M	831754	10/18/2019	10/18/2019	10/21/2019	4	M	33+3	N	O	A	1100	N	Y	N	N	-	-	Y	Y	N	N	N	N	N	N	N	N	N	N
524	B/O S	832339	10/18/2019	10/18/2019	10/21/2019	4	M	35	L	I	S	2000	N	N	Y	N	7	8	N	Y	N	N	N	N	N	N	N	N	N	N
525	B/O S	832642	10/19/2019	10/19/2019	10/30/2019	11	M	36+2	L	I	A	2000	N	N	Y	N	8	9	N	N	N	N	N	N	N	N	N	N	N	N
526	B/O P	832812	10/19/2019	10/19/2019	10/21/2019	3	F	38+4	L	I	A	3480	N	N	N	Y	8	9	N	N	N	N	N	N	N	N	N	N	N	N
527	B/O R	832867	10/11/2019	10/19/2019	10/21/2019	3	F	34+6	L	O	S	1700	N	N	Y	N	-	-	Y	N	N	N	N	N	N	N	N	N	N	N
528	B/O S	833110	10/19/2019	10/19/2019	10/21/2019	3	M	39	L	O	A	2700	N	N	N	Y	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
529	B/O J	833239	10/20/2019	10/20/2019	10/23/2019	4	F	38+2	L	I	S	2660	N	N	N	Y	5	8	N	N	N	Y	N	N	N	N	N	N	N	N
530	B/O P	833325	10/20/2019	10/20/2019	10/30/2019	10	M	35+3	L	O	A	2400	N	N	Y	N	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
531	B/O M	833958	10/15/2019	10/21/2019	11/5/2019	16	M	31+1	N	O	A	1800	N	N	Y	N	-	-	Y	N	N	N	N	N	N	N	N	Y	N	N
532	B/O M	834119	10/21/2019	10/21/2019	10/23/2019	3	M	38	L	O	A	3530	N	N	N	Y	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
533	B/O R	836473	10/25/2019	10/25/2019	10/28/2019	4	F	35+5	L	I	A	2660	N	N	N	Y	8	9	N	N	N	N	N	N	N	Y	N	N	N	N
534	B/O S	834888	10/22/2019	10/22/2019	10/29/2019	8	M	40	N	I	A	3080	N	N	N	Y	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
535	B/O N	834141	10/21/2019	10/21/2019	10/28/2019	7	M	38	L	O	A	2800	N	N	N	Y	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
536	B/O H	836181	10/24/2019	10/24/2019	10/28/2019	4	M	34+4	L	I	A	2100	N	N	Y	N	8	9	Y	N	N	N	N	N	N	N	N	N	N	N
537	B/O I	835946	10/24/2019	10/24/2019	10/30/2019	6	M	37+4	L	I	A	2740	N	N	N	Y	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
538	B/O R	836473	10/25/2019	10/25/2019	10/28/2019	4	F	35+5	L	I	L	2660	N	N	N	Y	8	9	N	N	N	N	N	N	N	Y	N	N	N	N
539	B/O V	836517	10/25/2019	10/25/2019	11/6/2019	12	M	32+1	L	I	A	2200	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
540	B/O B	836731	10/22/2019	10/25/2019	10/31/2019	7	M	35	N	O	A	2400	N	N	Y	N	-	-	Y	Y	N	Y	N	N	N	N	N	N	N	N
541	B/O P	836480	10/25/2019	10/25/2019	10/28/2019	4	F	35+2	L	O	A	2580	N	N	N	Y	-	-	N	Y	N	Y	N	N	N	N	N	N	N	N
542	B/O P	836946	10/26/2019	10/26/2019	10/31/2019	6	F	35+3	N	O	S	2000	N	N	Y	N	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
543	B/O A	837124	10/26/2019	10/26/2019	10/30/2019	5	F	36+6	L	O	S	1975	N	N	Y	N	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
544	B/O M	837357	10/27/2019	10/27/2019	11/6/2019	11	M	37+2	N	O	A	2750	N	N	N	Y	-	-	N	N	N	N	N	N	N	N	N	N	N	N
545	B/O B	837776	10/28/2019	10/28/2019	11/2/2019	6	M	34	L	I	A	2760	N	N	N	Y	5	7	Y	N	N	Y	N	N	N	N	N	N	N	N
546	B/O R	838130	10/29/2019	10/29/2019	11/6/2019	9	M	33+4	L	I	S	1500	N	Y	N	N	7	8	Y	Y	N	N	N	N	N	N	N	Y	N	N
547	B/O L	838599	10/29/2019	10/29/2019	11/5/2019	8	M	34+4	N	O	A	2000	N	N	Y	N	-	-	Y	Y	N	Y	N	N	N	N	N	N	N	N
548	B/O S	838810	10/30/2019	10/30/2019	11/5/2019	7	M	35+6	L	O	S	1780	N	N	Y	N	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
549	B/O H	839318	10/30/2019	10/30/2019	11/1/2019	3	M	37+2	L	O	A	3400	N	N	N	Y	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
550	B/O P	839486	10/30/2019	10/30/2019	11/2/2019	4	M	32	N	O	A	1500	N	Y	N	N	-	-	Y	Y	N	N	N	N	N	N	N	N	N	N
551	B/O K	839978	10/28/2019	10/31/2019	11/6/2019	7	M	38+3	N	O	A	2700	N	N	N	Y	-	-	N	N	N	Y	N	Y	N	N	N	N	N	N
552	B/O B	840919	11/1/2019	11/1/2019	11/6/2019	6	M	41+4	L	I	S	2295	N	N	Y	N	7	9	N	N	N	Y	N	N	N	N	N	N	N	N

S.No.	Name	MRD No.	Congenital renal anomaly	Birth asphyxia requiring bag and mask ventilaton	Need for ventilation (Days)	Duration of ventilatory support()	RDS	Need for surfactant	Apnea of prematuriy	Feed Intolerance	Need for inotropes	Need for CPAP	NEC	Need for phototherapy	Need For exchange transfusion	Abnormal ROP screening	Sepsis	Use of Nephrotoxic Drugs	Antibiotic drug used (in days)_C	A	P	N	M	V	Others	Antibitoic used	Need for ventilation_AT AKI	Duration of ventilatory upport ()_AT AKI	RDS_AT AKI	Feed Intolerance_AT AKI	Need for inotropes_AT AKI	Number of inotropes used_AT AKI	Need for CPAP_AT AKI	NEC_AT AKI
484	B/O A	813757	N	N	N	-	Y	N	N	N	N	Y	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
485	B/O D	815296	N	Y	N	-	Y	Y	N	N	N	Y	N	Y	N	N	E	Y	2	2	10	10	-	-	-	2	-	-	-	-	-	-	-	-
486	B/O V	816196	N	N	N	-	Y	N	N	N	N	Y	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
487	B/O S	815572	N	N	N	-	Y	N	N	Y	N	Y	N	Y	N	N	E	Y	5	5	-	-	-	-	-	1	-	-	-	-	-	-	-	-
488	B/O K 1	817527	N	N	N	-	Y	N	N	N	N	Y	N	Y	N	N	N	Y	-	-	10	10	-	-	-	2	-	-	-	-	-	-	-	-
489	B/O K 2	817529	N	Y	N	-	Y	N	N	N	N	Y	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
490	B/O G	818771	N	Y	Y	3	Y	Y	N	N	N	N	N	N	N	N	N	Y	3	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-
491	B/O A 1	818891	N	Y	Y	16	Y	Y	Y	N	Y	N	N	Y	N	N	N	Y	10	10	5	5	-	-	-	2	Y	16	Y	N	Y	2	N	N
492	B/O A 2	818893	N	Y	Y	9	Y	Y	N	N	Y	N	Y	Y	N	N	N	Y	5	5	-	-	-	-	-	1	-	-	-	-	-	-	-	-
493	B/O S	819522	N	Y	Y	9	Y	Y	N	Y	N	N	N	Y	N	N	E	Y	3	3	7	7	-	-	-	1	-	-	-	-	-	-	-	-
494	B/O P	819609	N	Y	Y	5	Y	N	N	N	N	Y	N	N	N	N	N	Y	7	7	-	-	-	-	-	2	-	-	-	-	-	-	-	-
495	B/O V	819930	N	Y	Y	10	Y	Y	Y	Y	Y	Y	Y	Y	N	N	E	Y	-	-	14	14	-	-	-	2	-	-	-	-	-	-	-	-
496	B/O M	820229	N	Y	Y	7	Y	Y	Y	Y	Y	Y	Y	Y	N	N	E	Y	3	3	5	5	-	-	-	1	Y	7	Y	Y	Y	3	Y	Y
497	B/O S	820434	N	N	N	-	Y	Y	Y	Y	Y	Y	Y	Y	N	N	E	Y	3	3	9	9	-	-	-	2	N	-	Y	Y	Y	2	Y	Y
498	B/O M	820757	N	Y	Y	4	Y	Y	N	N	N	Y	N	Y	N	N	N	Y	5	5	-	-	-	-	-	1	-	-	-	-	-	-	-	-
499	B/O S	821566	N	N	N	-	N	N	N	N	N	N	N	Y	N	N	E	Y	-	10	10	10	10	10	-	2	-	-	-	-	-	-	-	-
500	B/O R	822069	N	N	N	-	Y	N	N	Y	N	Y	Y	Y	N	Y	N	Y	-	-	10	10	-	-	-	2	-	-	-	-	-	-	-	-
501	B/O P	823104	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
502	B/O B	823633	N	N	N	-	Y	N	N	N	N	N	N	Y	N	N	N	Y	3	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-
503	B/O K	823674	N	N	N	-	Y	N	N	N	N	Y	N	Y	N	N	L	Y	10	10	10	10	-	-	-	2	-	-	-	-	-	-	-	-
504	B/O J	824324	N	N	N	-	Y	N	N	N	N	Y	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
505	B/O H	824607	N	N	N	-	Y	N	N	N	N	Y	N	Y	N	N	E	Y	-	-	7	7	-	-	-	1	-	-	-	-	-	-	-	-
506	S	825385	N	N	N	-	N	N	N	N	N	N	N	N	N	N	L	Y	-	-	7	-	-	7	-	1	-	-	-	-	-	-	-	-
507	G	825582	N	N	N	-	Y	N	Y	N	N	Y	Y	Y	N	N	E	Y	14	14	-	-	-	-	-	2	-	-	-	-	-	-	-	-
508	B/O J	825728	N	N	N	-	N	N	N	N	N	N	N	Y	N	N	E	Y	-	-	4	4	-	-	-	1	-	-	-	-	-	-	-	-
509	M	826173	N	N	N	-	Y	N	N	N	N	Y	N	Y	N	N	N	Y	-	-	-	-	4	4	-	1	-	-	-	-	-	-	-	-
510	B/O P	823104	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
511	U	828146	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
512	B/O M	828753	N	N	N	-	N	N	N	N	N	Y	N	N	N	N	N	Y	5	5	-	-	-	-	-	1	-	-	-	-	-	-	-	-
513	B/O S	828734	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	Y	5	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-
514	B/O J	828834	N	Y	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
515	B/O J	828835	N	Y	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
516	B/O S	828974	N	N	N	-	Y	N	N	N	N	Y	Y	Y	N	N	N	Y	7	7	-	-	-	-	-	2	-	-	-	-	-	-	-	-
517	B/O I 1	829427	N	N	N	-	Y	Y	Y	N	N	Y	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
518	B/O I 2	829442	N	N	N	-	Y	Y	Y	Y	N	Y	Y	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
519	B/O G	830150	N	Y	N	-	Y	N	N	Y	N	Y	N	Y	N	N	N	Y	-	-	10	10	10	-	-	2	-	-	-	-	-	-	-	-
520	B/O A	830583	N	N	N	-	Y	N	N	N	N	Y	Y	N	N	N	E	Y	-	-	10	10	-	-	-	2	-	-	-	-	-	-	-	-
521	B/O A	831126	N	N	N	-	Y	N	N	N	N	N	N	Y	N	N	N	Y	10	10	-	-	-	-	-	2	-	-	-	-	-	-	-	-
522	B/O R	831680	N	Y	Y	22	Y	N	Y	N	N	Y	Y	Y	N	N	L	Y	10	10	-	10	-	10	-	2	-	-	-	-	-	-	-	-
523	B/O M	831754	N	N	N	-	Y	N	N	N	N	N	N	Y	N	N	N	Y	4	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-
524	B/O S	832339	N	N	N	-	N	N	N	N	N	Y	N	N	N	N	N	Y	4	4	-	-	-	-	-	1	-	-	-	-	-	-	-	-
525	B/O S	832642	N	N	N	-	Y	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
526	B/O P	832812	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
527	B/O R	832867	N	N	N	-	N	N	N	N	N	N	N	Y	N	N	N	Y	-	-	-	-	3	3	-	1	-	-	-	-	-	-	-	-
528	B/O S	833110	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	Y	3	3	-	-	-	-	-	1	-	-	-	-	-	-	-	-
529	B/O J	833239	N	Y	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
530	B/O P	833325	N	N	N	-	N	N	N	N	N	Y	N	Y	N	N	E	Y	10	10	-	-	10	10	10	2	-	-	-	-	-	-	-	-
531	B/O M	833958	N	N	Y	10	N	N	N	N	N	N	N	N	N	N	L	Y	-	-	10	10	10	10	-	2	-	-	-	-	-	-	-	-
532	B/O M	834119	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
533	B/O R	836473	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
534	B/O S	834888	N	N	N	-	Y	N	N	N	N	N	N	Y	N	N	E	Y	7	7	-	-	-	-	-	2	-	-	-	-	-	-	-	-
535	B/O N	834141	N	N	N	-	Y	N	N	N	N	N	N	Y	N	N	E	Y	7	7	-	-	-	-	-	2	-	-	-	-	-	-	-	-
536	B/O H	836181	N	N	N	-	N	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
537	B/O I	835946	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	E	Y	4	-	4	-	-	-	-	1	-	-	-	-	-	-	-	-
538	B/O R	836473	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
539	B/O V	836517	N	N	N	-	N	N	N	N	N	Y	N	N	N	N	E	Y	10	10	10	10	-	-	-	2	-	-	-	-	-	-	-	-
540	B/O B	836731	N	Y	Y	5	Y	N	N	N	Y	N	N	N	N	N	Y	Y	-	5	-	-	-	-	-	1	Y	-	Y	N	Y	2	N	N
541	B/O P	836480	N	Y	N	-	Y	N	N	N	N	Y	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
542	B/O P	836946	N	N	N	-	N	N	N	N	N	Y	N	Y	N	N	N	Y	5	5	-	-	-	-	-	1	-	-	-	-	-	-	-	-
543	B/O A	837124	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	Y	5	5	-	-	-	-	-	1	-	-	-	-	-	-	-	-
544	B/O M	837357	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	3	3	-	-	-	-	-	-	-	-	-	-	-	-
545	B/O B	837776	N	Y	N	-	Y	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
546	B/O R	838130	N	Y	N	-	Y	N	N	N	N	N	Y	Y	N	N	N	Y	-	-	7	7	-	-	-	1	-	-	-	-	-	-	-	-
547	B/O L	838599	N	Y	N	-	Y	Y	N	Y	N	Y	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	N	-	Y	Y	N	-	Y	N
548	B/O S	838810	N	N	N	-	N	N	N	N	Y	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
549	B/O H	839318	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	Y	2	2	-	-	-	-	-	1	-	-	-	-	-	-	-	-
550	B/O P	839486	N	N	N	-	Y	N	N	N	N	Y	N	N	N	N	N	Y	3	3	-	-	-	-	-	1	-	-	-	-	-	-	-	-
551	B/O K	839978	N	N	Y	6	N	N	N	N	Y	Y	N	Y	Y	N	N	Y	5	5	-	-	-	-	-	1	Y	6	N	N	Y	2	Y	N
552	B/O B	840919	N	Y	Y	3	N	N	N	N	N	Y	N	N	N	N	N	Y	3	3	-	-	-	-	-	1	-	-	-	-	-	-	-	-

S.No.	Name	MRD No.	Sepsis screen_AT AKI	Metabolic Acidosis_AT AKI	PDA_AT AKI	MATERNAL VARIABLES_Age (years)	Infections	Diabetes	Hypothyroidism	Chronic hypertension	Kidney disease	Pre-eclampsia	Eclampsia	Intrauterine growth retardation	Oligohydramnios	Polyhydramnios	Haemorrhage	Multiple gestation	Assisted Conception	Antepartum complication	STAGE OF KIDNEY INJURY	AKI COMPLICATIONS_Hyperkalemia (>5.5 meq/l)	Acidosis	Pulmonary Edema	Volume Overload	Hyponatremia(<130meq/l)	Anemia
484	B/O A	813757	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
485	B/O D	815296	-	-	-	-	N	N	N	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-
486	B/O V	816196	-	-	-	-	N	N	N	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-
487	B/O S	815572	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
488	B/O K 1	817527	-	-	-	-	N	N	N	N	N	N	N	N	N	Y	N	Y	Y	N	-	-	-	-	-	-	-
489	B/O K 2	817529	-	-	-	-	N	N	Y	N	N	N	N	N	N	N	N	Y	Y	N	-	-	-	-	-	-	-
490	B/O G	818771	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
491	B/O A 1	818891	N	Y	Y	46	N	Y	Y	N	N	Y	N	N	N	N	N	Y	Y	N	1	Y	Y	Y	Y	N	Y
492	B/O A 2	818893	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	N	N	-	-	-	-	-	-	-
493	B/O S	819522	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
494	B/O P	819609	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
495	B/O V	819930	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
496	B/O M	820229	Y	Y	N	38	Y	Y	Y	Y	N	Y	N	N	N	N	N	N	N	Y	1	N	Y	N	N	N	Y
497	B/O S	820434	Y	Y	N	38	Y	Y	N	Y	N	Y	N	Y	Y	N	N	N	N	Y	1	Y	Y	Y	Y	N	Y
498	B/O M	820757	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
499	B/O S	821566	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
500	B/O R	822069	-	-	-	-	N	N	N	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-
501	B/O P	823104	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
502	B/O B	823633	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
503	B/O K	823674	-	-	-	-	N	N	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
504	B/O J	824324	-	-	-	-	N	N	N	N	N	N	N	N	N	N	Y	N	N	N	-	-	-	-	-	-	-
505	B/O H	824607	-	-	-	-	N	N	N	N	N	Y	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
506	S	825385	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
507	G	825582	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
508	B/O J	825728	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
509	M	826173	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
510	B/O P	823104	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
511	U	828146	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
512	B/O M	828753	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
513	B/O S	828734	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
514	B/O J	828834	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
515	B/O J	828835	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
516	B/O S	828974	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
517	B/O I 1	829427	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	N	N	-	-	-	-	-	-	-
518	B/O I 2	829442	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	N	N	-	-	-	-	-	-	-
519	B/O G	830150	-	-	-	-	N	N	N	N	N	N	N	N	N	N	Y	N	N	N	-	-	-	-	-	-	-
520	B/O A	830583	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
521	B/O A	831126	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
522	B/O R	831680	-	-	-	-	N	N	Y	N	N	N	Y	N	N	N	N	N	N	N	-	-	-	-	-	-	-
523	B/O M	831754	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
524	B/O S	832339	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
525	B/O S	832642	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
526	B/O P	832812	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
527	B/O R	832867	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
528	B/O S	833110	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
529	B/O J	833239	-	-	-	-	N	N	N	N	N	Y	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
530	B/O P	833325	-	-	-	-	N	N	N	N	N	N	N	N	N	N	Y	N	N	N	-	-	-	-	-	-	-
531	B/O M	833958	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
532	B/O M	834119	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
533	B/O R	836473	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
534	B/O S	834888	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
535	B/O N	834141	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
536	B/O H	836181	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
537	B/O I	835946	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
538	B/O R	836473	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
539	B/O V	836517	-	-	-	-	N	N	N	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-
540	B/O B	836731	Y	Y	N	29	Y	Y	N	N	N	Y	N	N	N	N	N	N	Y	N	2	N	Y	N	N	N	N
541	B/O P	836480	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
542	B/O P	836946	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
543	B/O A	837124	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
544	B/O M	837357	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
545	B/O B	837776	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
546	B/O R	838130	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
547	B/O L	838599	N	Y	Y	28	Y	Y	N	Y	N	Y	N	N	N	N	N	N	N	N	3	N	Y	N	N	N	N
548	B/O S	838810	-	-	-	-	N	N	N	N	N	N	N	N	N	N	Y	N	N	N	-	-	-	-	-	-	-
549	B/O H	839318	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
550	B/O P	839486	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
551	B/O K	839978	N	Y	N	28	N	N	N	N	N	N	N	N	N	N	N	N	N	N	2	N	Y	N	N	N	N
552	B/O B	840919	-	-	-	-	N	N	N	N	N	Y	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-

S.No.	Name	MRD No.	Hypertension	GI bleed	Day of Onset of AKI	Probable Cause of AKI_Sepsis	Dehydration	Shock	Nephrotoxic drugs	others	Need of Renal Replacement Therapy	Outcome	AKI RESOLVED	AKI
484	B/O A	813757	-	-	-	-	-	-	-	-	-	D	-	N
485	B/O D	815296	-	-	-	-	-	-	-	-	-	D	-	N
486	B/O V	816196	-	-	-	-	-	-	-	-	-	DAMA	-	N
487	B/O S	815572	-	-	-	-	-	-	-	-	-	D	-	N
488	B/O K 1	817527	-	-	-	-	-	-	-	-	-	D	-	N
489	B/O K 2	817529	-	-	-	-	-	-	-	-	-	D	-	N
490	B/O G	818771	-	-	-	-	-	-	-	-	-	E	-	N
491	B/O A 1	818891	N	Y	10	N	N	Y	Y	N	N	E	N	Y
492	B/O A 2	818893	-	-	-	-	-	-	-	-	-	E	-	N
493	B/O S	819522	-	-	-	-	-	-	-	-	-	E	-	N
494	B/O P	819609	-	-	-	-	-	-	-	-	-	D	-	N
495	B/O V	819930	-	-	-	-	-	-	-	-	-	E	-	N
496	B/O M	820229	N	N	5	Y	N	Y	Y	N	N	E	N	Y
497	B/O S	820434	N	Y	5	Y	N	Y	Y	N	N	E	N	Y
498	B/O M	820757	-	-	-	-	-	-	-	-	-	DOR	-	N
499	B/O S	821566	-	-	-	-	-	-	-	-	-	DAMA	-	N
500	B/O R	822069	-	-	-	-	-	-	-	-	-	DOR	-	N
501	B/O P	823104	-	-	-	-	-	-	-	-	-	D	-	N
502	B/O B	823633	-	-	-	-	-	-	-	-	-	DOR	-	N
503	B/O K	823674	-	-	-	-	-	-	-	-	-	D	-	N
504	B/O J	824324	-	-	-	-	-	-	-	-	-	D	-	N
505	B/O H	824607	-	-	-	-	-	-	-	-	-	DOR	-	N
506	S	825385	-	-	-	-	-	-	-	-	-	D	-	N
507	G	825582	-	-	-	-	-	-	-	-	-	D	-	N
508	B/O J	825728	-	-	-	-	-	-	-	-	-	DAMA	-	N
509	M	826173	-	-	-	-	-	-	-	-	-	DOR	-	N
510	B/O P	823104	-	-	-	-	-	-	-	-	-	D	-	N
511	U	828146	-	-	-	-	-	-	-	-	-	DAMA	-	N
512	B/O M	828753	-	-	-	-	-	-	-	-	-	D	-	N
513	B/O S	828734	-	-	-	-	-	-	-	-	-	D	-	N
514	B/O J	828834	-	-	-	-	-	-	-	-	-	D	-	N
515	B/O J	828835	-	-	-	-	-	-	-	-	-	D	-	N
516	B/O S	828974	-	-	-	-	-	-	-	-	-	DOR	-	N
517	B/O I 1	829427	-	-	-	-	-	-	-	-	-	D	-	N
518	B/O I 2	829442	-	-	-	-	-	-	-	-	-	D	-	N
519	B/O G	830150	-	-	-	-	-	-	-	-	-	DOR	-	N
520	B/O A	830583	-	-	-	-	-	-	-	-	-	D	-	N
521	B/O A	831126	-	-	-	-	-	-	-	-	-	D	-	N
522	B/O R	831680	-	-	-	-	-	-	-	-	-	DAMA	-	N
523	B/O M	831754	-	-	-	-	-	-	-	-	-	DOR	-	N
524	B/O S	832339	-	-	-	-	-	-	-	-	-	D	-	N
525	B/O S	832642	-	-	-	-	-	-	-	-	-	D	-	N
526	B/O P	832812	-	-	-	-	-	-	-	-	-	D	-	N
527	B/O R	832867	-	-	-	-	-	-	-	-	-	D	-	N
528	B/O S	833110	-	-	-	-	-	-	-	-	-	D	-	N
529	B/O J	833239	-	-	-	-	-	-	-	-	-	D	-	N
530	B/O P	833325	-	-	-	-	-	-	-	-	-	D	-	N
531	B/O M	833958	-	-	-	-	-	-	-	-	-	DOR	-	N
532	B/O M	834119	-	-	-	-	-	-	-	-	-	D	-	N
533	B/O R	836473	-	-	-	-	-	-	-	-	-	D	-	N
534	B/O S	834888	-	-	-	-	-	-	-	-	-	DOR	-	N
535	B/O N	834141	-	-	-	-	-	-	-	-	-	D	-	N
536	B/O H	836181	-	-	-	-	-	-	-	-	-	D	-	N
537	B/O I	835946	-	-	-	-	-	-	-	-	-	DAMA	-	N
538	B/O R	836473	-	-	-	-	-	-	-	-	-	D	-	N
539	B/O V	836517	-	-	-	-	-	-	-	-	-	D	-	N
540	B/O B	836731	N	N	4	Y	Y	N	N	Y	N	DAMA	N	Y
541	B/O P	836480	-	-	-	-	-	-	-	-	-	D	-	N
542	B/O P	836946	-	-	-	-	-	-	-	-	-	D	-	N
543	B/O A	837124	-	-	-	-	-	-	-	-	-	D	-	N
544	B/O M	837357	-	-	-	-	-	-	-	-	-	DOR	-	N
545	B/O B	837776	-	-	-	-	-	-	-	-	-	DOR	-	N
546	B/O R	838130	-	-	-	-	-	-	-	-	-	D	-	N
547	B/O L	838599	N	N	7	N	N	N	N	Y	Y	D	Y	Y
548	B/O S	838810	-	-	-	-	-	-	-	-	-	D	-	N
549	B/O H	839318	-	-	-	-	-	-	-	-	-	D	-	N
550	B/O P	839486	-	-	-	-	-	-	-	-	-	DAMA	-	N
551	B/O K	839978	N	N	8	N	N	Y	N	N	N	D	Y	Y
552	B/O B	840919	-	-	-	-	-	-	-	-	-	D	-	N

S.No.	Name	MRD No.	DOB	DOA	DOD	Duration of hospital stay (days)	Gender	Gestation (weeks)	Mode of delivery	Site of delivery	Growth status	Birth Weight in Grms	Birth weight (grams)_< 1000	1001-1500	1501-2500	>2501	Apgar score (for inborn)_ 1 min	Apgar score (for inborn)_ 5min	Prematurity <35 weeks	Respiratory Distress	Sepsis	Perinatal Asphyxia	Seizures	Hypoglycemia	Hyperbilirubinaemia	Congenital Heart disease	Necrotising Enterocolitis	Surgical Cause	Small for gestational age	Large for gestational age
553	B/O V	840978	10/31/2019	11/1/2019	11/4/2019	4	M	39+1	N	O	S	2800	N	N	N	Y	-	-	N	Y	N	N	N	N	N	N	N	Y	N	N
554	B/O S	840996	11/1/2019	11/1/2019	11/4/2019	4	F	27+2	L	I	S	600	Y	N	N	N	5	9	Y	Y	N	Y	N	N	N	N	N	N	N	N
555	B/O R	841064	11/1/2019	11/1/2019	11/4/2019	4	M	41	N	O	A	2600	N	N	N	Y	-	-	N	Y	N	N	N	N	N	Y	N	N	N	N
556	B/O T	842046	11/3/2019	11/3/2019	11/14/2019	11	F	37+1	L	I	A	2340	N	N	Y	N	8	9	N	N	N	N	N	N	N	Y	N	Y	N	N
557	B/O H	842457	11/4/2019	11/4/2019	11/14/2019	10	F	37	L	I	A	2635	N	N	N	Y	8	9	N	N	N	N	N	N	N	N	N	Y	N	N
558	B/O M	842733	11/4/2019	11/4/2019	11/9/2019	6	M	34+3	L	I	L	3120	N	N	N	Y	7	8	Y	Y	N	N	N	N	N	N	N	N	N	N
559	B/O R	843321	11/5/2019	11/5/2019	11/9/2019	5	F	37+3	L	I	A	3200	N	N	N	Y	7	9	N	N	N	Y	N	N	N	N	N	N	N	N
560	B/O R	843701	11/3/2019	11/5/2019	11/12/2019	8	M	36+6	N	O	S	2250	N	N	Y	N	-	-	N	N	N	N	Y	N	N	N	N	N	N	N
561	B/O K	843990	11/6/2019	11/6/2019	11/21/2019	16	M	30+4	N	I	S	1420	N	Y	N	N	7	9	Y	Y	N	N	N	N	N	N	N	N	N	N
562	B/O S	844407	11/6/2019	11/6/2019	11/15/2019	10	M	37	L	O	A	2700	N	N	N	Y	-	-	N	Y	Y	N	N	N	N	Y	N	N	N	N
563	B/O S	843665	11/2/2019	11/6/2019	11/9/2019	4	F	37	L	O	A	2500	N	N	Y	N	-	-	N	N	N	Y	N	N	N	N	N	N	N	N
564	B/O H	844824	11/7/2019	11/7/2019	11/17/2019	10	M	32+5	L	I	S	1400	N	Y	N	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
565	B/O P	845169	11/7/2019	11/8/2019	11/13/2019	6	M	36+3	L	I	S	1800	N	N	Y	N	7	9	N	Y	N	N	N	N	N	N	N	N	N	N
566	B/O R 1	845664	11/8/2019	11/8/2019	11/13/2019	6	M	35+3	L	I	A	2320	N	N	Y	N	7	9	N	Y	N	N	N	N	N	N	N	N	N	N
567	B/O R 2	845667	11/8/2019	11/8/2019	11/13/2019	6	F	35+3	L	I	A	2320	N	N	Y	N	7	8	N	Y	N	N	N	N	N	N	N	N	N	N
568	B/O R	845693	11/8/2019	11/8/2019	11/11/2019	4	F	37+3	L	I	A	2200	N	N	Y	N	5	9	N	Y	N	N	N	N	N	N	N	N	N	N
569	B/O M	845838	11/8/2019	11/8/2019	11/18/2019	10	M	32+4	L	I	S	1390	N	Y	N	N	7	9	Y	Y	N	N	N	N	N	N	N	N	N	N
570	A	845027	11/2/2019	11/7/2019	11/11/2019	5	M	37+1	L	O	S	2000	N	N	Y	N	-	-	N	N	Y	N	N	Y	N	N	N	N	N	N
571	B/O K	846285	11/9/2019	11/9/2019	11/11/2019	3	M	36	L	I	A	3200	N	N	N	Y	6	9	N	Y	N	N	N	N	N	N	N	Y	N	N
572	B/O M	846402	11/9/2019	11/9/2019	11/26/2019	18	M	37+1	L	O	A	2700	N	N	N	Y	-	-	N	N	N	Y	N	N	N	N	N	N	N	N
573	B/O S	846506	11/10/2019	11/10/2019	11/13/2019	4	F	37+2	L	I	S	2000	N	N	Y	N	5	7	N	N	N	Y	N	N	N	N	N	N	N	N
574	B/O P	842844	11/4/2019	11/4/2019	11/20/2019	16	M	37+2	L	I	A	3345	N	N	N	Y	7	9	N	Y	N	N	N	N	N	N	N	N	N	N
575	M	846595	10/23/2019	11/10/2019	11/17/2019	7	F	36	L	O	A	2560	N	N	N	Y	-	-	N	N	N	N	N	N	N	N	N	Y	N	N
576	B/O P	846751	11/11/2019	11/11/2019	11/13/2019	3	M	37+2	L	I	A	2500	N	N	Y	N	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
577	B/O B	846766	11/11/2019	11/11/2019	11/13/2019	3	F	39+5	L	I	S	2560	N	N	N	Y	7	7	N	Y	N	Y	N	N	N	N	N	N	N	N
578	B/O R	847579	11/11/2019	11/11/2019	11/16/2019	5	F	38+5	L	I	A	3340	N	N	N	Y	6	9	N	N	N	Y	N	N	N	N	N	N	N	N
579	B/O H	848742	11/13/2019	11/13/2019	11/19/2019	6	M	39+2	L	I	A	3040	N	N	N	Y	7	9	N	Y	N	N	N	N	N	N	N	N	N	N
580	B/O M	848751	11/12/2019	11/13/2019	11/19/2019	6	F	36+2	N	O	A	2000	N	N	Y	N	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
581	B/O H	847736	11/12/2019	11/12/2019	11/21/2019	10	M	37	L	I	A	3480	N	N	N	Y	6	9	N	Y	N	N	N	N	N	N	N	N	N	N
582	B/O A	847984	11/12/2019	11/12/2019	11/18/2019	6	M	38	L	I	A	3640	N	N	N	Y	8	6	N	N	Y	N	N	N	N	N	N	N	N	N
583	B/O R 1	849331	11/14/2019	11/14/2019	11/16/2019	3	F	35+1	L	I	A	2315	N	N	Y	N	8	9	N	N	N	N	N	N	N	N	N	N	N	N
584	B/O R 2	849338	11/14/2019	11/14/2019	11/19/2019	5	F	35+1	L	I	A	1840	N	N	Y	N	7	9	N	Y	N	N	N	N	N	N	N	N	N	N
585	B/O K	849209	11/14/2019	11/14/2019	11/24/2019	10	M	34+3	L	I	A	1970	N	N	Y	N	7	9	Y	Y	N	N	N	N	N	N	N	N	N	N
586	B/O C	849397	11/14/2019	11/14/2019	11/20/2019	6	M	32+6	L	I	A	2180	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
587	B/O G	849588	11/15/2019	11/15/2019	11/19/2019	4	M	31	N	I	A	1740	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
588	B/O M 1	850095	11/15/2019	11/15/2019	11/19/2019	5	F	34	L	I	A	2040	N	N	Y	N	8	9	Y	N	N	N	N	N	N	N	N	N	N	N
589	B/O M 2	850096	11/15/2019	11/15/2019	11/21/2019	7	M	34	L	I	A	2000	N	N	Y	N	8	9	Y	N	N	N	N	N	N	N	N	N	N	N
590	B/O S	845460	11/8/2019	11/8/2019	11/12/2019	5	M	35	L	I	A	2800	N	N	N	Y	-	-	N	N	N	N	N	N	N	N	N	N	N	N
591	B/O S	851331	11/18/2019	11/18/2019	11/22/2019	5	M	34+4	L	I	A	2310	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
592	B/O M	851712	11/16/2019	11/16/2019	12/10/2019	24	M	33	L	I	A	2000	N	N	Y	N	5	7	Y	N	N	Y	N	N	N	N	N	N	N	N
593	B/O N	852457	11/19/2019	11/19/2019	12/19/2019	30	M	32+3	L	I	S	1060	N	Y	N	N	8	9	Y	Y	N	N	N	N	N	N	N	Y	N	N
594	B/O P	852424	11/19/2019	11/19/2019	11/23/2019	5	F	40+3	L	I	A	3390	N	N	N	Y	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
595	B/O S	852449	11/19/2019	11/19/2019	11/21/2019	3	F	35+1	L	I	A	2600	N	N	N	Y	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
596	B/O K	853166	11/20/2019	11/20/2019	11/25/2019	5	F	38+6	L	I	A	2880	N	N	N	Y	7	9	N	N	Y	N	N	N	N	N	N	N	N	N
597	B/O G	853510	11/21/2019	11/21/2019	11/29/2019	8	M	35	L	I	A	2760	N	N	N	Y	5	7	N	Y	N	N	N	N	N	N	N	N	N	N
598	B/O R	853818	11/21/2019	11/21/2019	11/24/2019	3	M	30+3	N	I	A	1660	N	N	Y	N	5	8	Y	Y	N	N	N	N	N	N	N	N	N	N
599	B/O M	853895	11/21/2019	11/21/2019	11/25/2019	4	F	37+4	L	O	A	3670	N	N	N	Y	-	-	N	Y	Y	N	N	N	N	N	N	N	N	N
600	B/O H	853896	11/22/2019	11/22/2019	11/26/2019	4	M	37+1	L	I	A	2500	N	N	Y	N	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
601	B/O S	854250	11/22/2019	11/22/2019	12/1/2019	10	M	35+6	L	I	S	2085	N	N	Y	N	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
602	B/O R	854305	11/22/2019	11/22/2019	11/26/2019	5	M	36	L	I	A	2740	N	N	N	Y	6	9	N	Y	N	N	N	N	N	N	N	N	N	N
603	B/O R	854479	11/22/2019	11/22/2019	11/29/2019	7	M	38+2	N	I	S	1960	N	N	Y	N	8	9	N	Y	Y	N	N	N	N	N	N	N	N	N
604	B/O S	854521	11/21/2019	11/23/2019	12/2/2019	9	M	33+2	L	O	A	2500	N	N	Y	N	-	-	Y	Y	N	N	Y	Y	N	N	N	N	N	N
605	B/O N	854576	11/23/2019	11/23/2019	11/30/2019	7	F	34	L	I	A	2500	N	N	Y	N	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
606	B/O N	854580	11/22/2019	11/22/2019	12/3/2019	10	M	35	L	O	A	2000	N	N	Y	N	-	-	N	N	N	N	N	N	N	N	N	N	N	N
607	B/O K	855304	11/24/2019	11/24/2019	12/6/2019	12	M	34+5	L	I	A	2000	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
608	B/O K 1	855311	11/24/2019	11/24/2019	11/26/2019	3	F	36+4	L	I	A	1940	N	N	Y	N	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
609	B/O K 2	855309	11/24/2019	11/24/2019	11/29/2019	6	M	36+4	L	I	A	1940	N	N	Y	N	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
610	B/O M	855328	11/24/2019	11/24/2019	12/14/2019	20	M	35+4	L	O	A	2200	N	N	Y	N	-	-	N	Y	Y	N	N	N	N	N	N	N	N	N
611	B/O N	855808	11/25/2019	11/25/2019	11/30/2019	6	F	35	L	I	A	2220	N	N	Y	N	7	9	N	Y	N	N	N	N	N	N	N	N	N	N
612	B/O H	855968	11/25/2019	11/25/2019	11/28/2019	4	M	35+6	L	I	A	2320	N	N	Y	N	7	9	N	Y	N	N	N	N	N	N	N	N	N	N
613	B/O R	856069	11/22/2019	11/25/2019	11/27/2019	3	F	36+4	L	O	L	3850	N	N	N	Y	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
614	B/O B	855316	11/24/2019	11/24/2019	11/28/2019	5	M	39	N	I	A	2640	N	N	N	Y	8	9	N	Y	Y	N	N	N	N	N	N	N	N	N
615	B/O S	856465	11/26/2019	11/26/2019	12/2/2019	7	F	36+4	L	I	A	2600	N	N	N	Y	8	9	N	N	N	N	N	N	N	N	N	N	N	N
616	B/O G	856759	11/22/2019	11/27/2019	12/4/2019	7	M	35+2	L	O	A	2500	N	N	Y	N	-	-	N	N	N	N	N	N	Y	N	N	N	N	N
617	A	857416	11/23/2019	11/27/2019	12/4/2019	7	M	36+2	L	O	A	2600	N	N	N	Y	-	-	N	N	Y	N	N	N	N	N	N	N	N	N
618	B/O M 1	857645	11/28/2019	11/28/2019	12/4/2019	7	F	33+2	L	I	A	1715	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
619	B/O M 2	857647	11/28/2019	11/28/2019	12/4/2019	7	M	33+2	L	I	A	1940	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
620	V	858077	11/28/2019	11/28/2019	12/4/2019	6	M	38	L	O	A	2700	N	N	N	Y	-	-	N	N	Y	N	N	N	N	N	N	N	N	N
621	B/O A	858123	11/26/2019	11/28/2019	12/5/2019	8	F	36+4	L	I	A	2600	N	N	N	Y	8	9	N	Y	N	N	N	N	N	N	N	N	N	N

S.No.	Name	MRD No.	Congenital renal anomaly	Birth asphyxia requiring bag and mask ventilaton	Need for ventilation (Days)	Duration of ventilatory support()	RDS	Need for surfactant	Apnea of prematuriy	Feed Intolerance	Need for inotropes	Need for CPAP	NEC	Need for phototherapy	Need For exchange transfusion	Abnormal ROP screening	Sepsis	Use of Nephrotoxic Drugs	Antibiotic drug used (in days)_C	A	P	N	M	V	Others	Antibitoic used	Need for ventilation_AT AKI	Duration of ventilatory upport ()_AT AKI	RDS_AT AKI	Feed Intolerance_AT AKI	Need for inotropes_AT AKI	Number of inotropes used_AT AKI	Need for CPAP_AT AKI	NEC_AT AKI
553	B/O V	840978	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	E	Y	3	3	-	-	-	-	-	1	-	-	-	-	-	-	-	-
554	B/O S	840996	N	Y	Y	4	Y	Y	Y	N	N	Y	N	N	N	N	N	Y	4	4	-	-	-	-	-	1	-	-	-	-	-	-	-	-
555	B/O R	841064	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
556	B/O T	842046	N	N	Y	2	N	N	N	N	Y	N	N	Y	N	N	N	Y	-	-	7	7	-	-	-	1	Y	2	N	N	Y	1	N	N
557	B/O H	842457	N	N	N	-	Y	N	N	N	N	N	N	Y	N	N	N	Y	3	3	-	-	-	-	-	1	-	-	-	-	-	-	-	-
558	B/O M	842733	N	Y	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
559	B/O R	843321	N	Y	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
560	B/O R	843701	N	N	N	-	N	N	N	N	Y	Y	N	Y	N	N	E	Y	-	-	-	-	7	7	-	1	N	-	N	N	Y	1	Y	N
561	B/O K	843990	N	Y	Y	3	Y	Y	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
562	B/O S	844407	N	Y	Y	6	Y	N	N	N	N	Y	N	Y	N	N	E	Y	10	10	-	-	-	-	-	2	-	-	-	-	-	-	-	-
563	B/O S	843665	N	Y	Y	4	N	Y	N	N	N	Y	N	N	N	N	N	Y	-	-	1	-	-	-	-	1	Y	1	N	N	Y	2	N	N
564	B/O H	844824	N	N	N	-	Y	Y	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
565	B/O P	845169	N	N	N	-	Y	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
566	B/O R 1	845664	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
567	B/O R 2	845667	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
568	B/O R	845693	N	Y	N	-	Y	N	N	N	N	Y	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
569	B/O M	845838	N	N	N	-	Y	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
570	A	845027	N	N	N	-	N	N	N	N	Y	N	N	N	N	N	E	Y	-	-	-	-	5	5	-	1	N	-	N	N	Y	2	N	N
571	B/O K	846285	N	Y	N	-	Y	N	N	N	N	Y	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
572	B/O M	846402	N	Y	Y	5	N	Y	N	N	Y	Y	N	N	N	N	N	Y	-	-	10	10	-	-	-	2	Y	5	N	N	Y	2	Y	N
573	B/O S	846506	N	Y	Y	4	N	N	N	N	Y	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	Y	4	N	N	Y	2	N	N
574	B/O P	842844	N	N	N	-	Y	N	N	N	N	Y	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
575	M	846595	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	7	7	-	-	-	-	-	-	-	-	-	-
576	B/O P	846751	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
577	B/O B	846766	N	Y	N	-	Y	N	N	N	N	Y	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
578	B/O R	847579	N	Y	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
579	B/O H	848742	N	N	N	-	Y	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
580	B/O M	848751	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
581	B/O H	847736	N	N	N	-	Y	N	N	N	N	N	N	Y	N	N	N	Y	10	10	-	-	-	-	-	2	-	-	-	-	-	-	-	-
582	B/O A	847984	N	N	N	-	N	N	N	N	N	N	N	Y	N	N	E	Y	5	5	-	-	-	-	-	1	-	-	-	-	-	-	-	-
583	B/O R 1	849331	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
584	B/O R 2	849338	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
585	B/O K	849209	N	N	N	-	Y	N	N	N	N	Y	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
586	B/O C	849397	N	N	N	-	Y	N	N	N	N	Y	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
587	B/O G	849588	N	N	N	-	Y	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
588	B/O M 1	850095	N	N	N	-	N	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
589	B/O M 2	850096	N	N	N	-	N	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
590	B/O S	845460	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
591	B/O S	851331	N	N	N	-	Y	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
592	B/O M	851712	N	Y	Y	3	Y	Y	N	N	N	Y	N	Y	N	N	N	Y	5	5	-	-	-	-	-	1	Y	3	Y	N	N	-	Y	N
593	B/O N	852457	N	N	N	-	Y	Y	N	N	N	Y	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
594	B/O P	852424	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
595	B/O S	852449	N	N	N	-	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
596	B/O K	853166	N	N	N	-	N	N	N	N	N	N	N	N	N	N	E	Y	5	5	-	-	-	-	-	1	-	-	-	-	-	-	-	-
597	B/O G	853510	N	Y	N	-	Y	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
598	B/O R	853818	N	Y	N	-	Y	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
599	B/O M	853895	N	N	N	-	Y	N	N	N	N	Y	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
600	B/O H	853896	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
601	B/O S	854250	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
602	B/O R	854305	N	Y	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
603	B/O R	854479	N	N	N	-	N	N	N	N	N	N	N	Y	N	N	E	Y	-	-	7	7	-	-	-	1	-	-	-	-	-	-	-	-
604	B/O S	854521	N	Y	Y	2	Y	N	N	N	Y	Y	N	Y	N	N	L	Y	-	-	9	9	-	-	-	2	Y	2	Y	N	N	2	Y	N
605	B/O N	854576	N	N	N	-	Y	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
606	B/O N	854580	N	N	N	-	Y	N	N	N	N	Y	N	Y	N	N	E	Y	-	-	7	7	-	-	-	1	-	-	-	-	-	-	-	-
607	B/O K	855304	N	N	N	-	Y	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
608	B/O K 1	855311	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
609	B/O K 2	855309	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
610	B/O M	855328	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	N	Y	5	5	-	-	-	-	-	1	-	-	-	-	-	-	-	-
611	B/O N	855808	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
612	B/O H	855968	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
613	B/O R	856069	N	N	N	-	Y	N	N	N	N	Y	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
614	B/O B	855316	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	E	Y	5	5	-	-	-	-	-	1	-	-	-	-	-	-	-	-
615	B/O S	856465	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
616	B/O G	856759	N	N	N	-	N	N	N	N	N	N	N	Y	N	N	N	Y	3	3	-	-	-	-	-	1	N	-	N	N	N	-	N	N
617	A	857416	N	N	Y	2	N	N	N	N	Y	N	N	Y	N	N	E	Y	-	-	7	-	7	-	-	1	Y	2	N	N	Y	2	N	N
618	B/O M 1	857645	N	N	N	-	Y	N	N	Y	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
619	B/O M 2	857647	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
620	V	858077	N	N	N	-	N	N	N	N	N	N	N	N	Y	N	N	E	Y	6	6	-	-	-	-	1	-	-	-	-	-	-	-	-
621	B/O A	858123	N	N	N	-	Y	N	N	N	N	Y	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

S.No.	Name	MRD No.	Sepsis screen_ AT AKI	Metabolic Acidosis_A T AKI	PDA_AT AKI	MATERNAL VARIABLES_ Age (years)	Infections	Diabetes	Hypothyroidism	Chronic hypertension	Kidney disease	Pre-eclampsia	Eclampsia	Intrauterine growth retardation	Oligohydramnios	Polyhydramnios	Haemorrhage	Multiple gestation	Assisted Conception	Antepartum complication	STAGE OF KIDNEY INJURY	AKI COMPLICATIONS _Hyperkalemia (>5.5 meq/l)	Acidosis	Pulmonary Edema	Volume Overload	Hyponatremia(<130meq/l)	Anemia
553	B/O V	840978	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
554	B/O S	840996	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
555	B/O R	841064	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
556	B/O T	842046	N	N	N	31	N	Y	Y	N	N	N	N	N	N	N	N	N	N	N	1	N	N	N	N	N	N
557	B/O H	842457	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
558	B/O M	842733	-	-	-	-	N	Y	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
559	B/O R	843321	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
560	B/O R	843701	Y	Y	N	28	Y	Y	Y	N	N	Y	N	Y	N	N	N	N	N	N	1	N	Y	N	N	N	N
561	B/O K	843990	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
562	B/O S	844407	-	-	-	-	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
563	B/O S	843665	N	Y	N	28	Y	Y	Y	N	N	N	N	N	N	N	Y	N	N	N	2	Y	Y	Y	Y	N	N
564	B/O H	844824	-	-	-	-	N	N	N	N	N	N	N	N	N	N	Y	N	N	N	-	-	-	-	-	-	-
565	B/O P	845169	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
566	B/O R 1	845664	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	-	-	-	-	-	-	-
567	B/O R 2	845667	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	-	-	-	-	-	-	-
568	B/O R	845693	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
569	B/O M	845838	-	-	-	-	N	N	N	N	N	Y	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
570	A	845027	Y	Y	N	28	Y	Y	N	Y	N	N	N	Y	N	N	N	N	N	N	3	N	Y	N	N	N	N
571	B/O K	846285	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
572	B/O M	846402	N	Y	N	30	N	N	N	N	N	Y	N	N	N	N	N	N	Y	Y	1	N	Y	N	N	N	N
573	B/O S	846506	N	Y	Y	30	N	Y	Y	Y	Y	N	N	Y	Y	N	N	N	N	Y	1	Y	Y	N	N	N	N
574	B/O P	842844	-	-	-	-	N	N	N	N	N	N	N	N	N	N	Y	N	N	N	-	-	-	-	-	-	-
575	M	846595	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
576	B/O P	846751	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
577	B/O B	846766	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
578	B/O R	847579	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
579	B/O H	848742	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
580	B/O M	848751	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
581	B/O H	847736	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
582	B/O A	847984	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
583	B/O R 1	849331	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	-	-	-	-	-	-	-
584	B/O R 2	849338	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	-	-	-	-	-	-	-
585	B/O K	849209	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
586	B/O C	849397	-	-	-	-	N	N	N	N	N	N	N	N	N	N	Y	N	N	N	-	-	-	-	-	-	-
587	B/O G	849588	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
588	B/O M 1	850095	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	-	-	-	-	-	-	-
589	B/O M 2	850096	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	-	-	-	-	-	-	-
590	B/O S	845460	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
591	B/O S	851331	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
592	B/O M	851712	N	Y	Y	32	N	N	N	Y	Y	Y	N	Y	N	N	N	N	N	N	1	N	Y	N	N	N	Y
593	B/O N	852457	-	-	-	-	N	N	Y	N	N	N	N	N	N	N	Y	N	N	N	-	-	-	-	-	-	-
594	B/O P	852424	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
595	B/O S	852449	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
596	B/O K	853166	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
597	B/O G	853510	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
598	B/O R	853818	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
599	B/O M	853895	-	-	-	-	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
600	B/O H	853896	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
601	B/O S	854250	-	-	-	-	N	N	N	N	N	N	N	N	N	N	Y	N	N	N	-	-	-	-	-	-	-
602	B/O R	854305	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
603	B/O R	854479	-	-	-	-	N	N	N	N	N	Y	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
604	B/O S	854521	Y	Y	Y	30	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	3	Y	Y	N	N	N	Y
605	B/O N	854576	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
606	B/O N	854580	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
607	B/O K	855304	-	-	-	-	N	N	N	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-
608	B/O K 1	855311	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	-	-	-	-	-	-	-
609	B/O K 2	855309	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	-	-	-	-	-	-	-
610	B/O M	855328	-	-	-	-	N	N	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
611	B/O N	855808	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
612	B/O H	855968	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
613	B/O R	856069	-	-	-	-	N	N	N	N	N	N	N	N	N	N	Y	N	N	N	-	-	-	-	-	-	-
614	B/O B	855316	-	-	-	-	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
615	B/O S	856465	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
616	B/O G	856759	N	N	N	29	N	N	N	N	N	N	N	N	N	N	N	N	N	N	1	N	N	N	N	N	N
617	A	857416	Y	Y	Y	29	Y	Y	N	N	N	N	N	N	N	N	N	N	Y	N	1	N	Y	N	N	N	N
618	B/O M 1	857645	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	-	-	-	-	-	-	-
619	B/O M 2	857647	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	-	-	-	-	-	-	-
620	V	858077	-	-	-	-	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
621	B/O A	858123	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-

S.No.	Name	MRD No.	Hypertension	GI bleed	Day of Onset of AKI	Probable Cause of AKI_Sepsis	Dehydration	Shock	Nephrotoxic drugs	others	Need of Renal Replacement Therapy	Outcome	AKI RESOLVED	AKI
553	B/O V	840978	-	-	-	-	-	-	-	-	-	DOR	-	N
554	B/O S	840996	-	-	-	-	-	-	-	-	-	E	-	N
555	B/O R	841064	-	-	-	-	-	-	-	-	-	D	-	N
556	B/O T	842046	N	N	3	N	N	Y	Y	N	N	D	N	Y
557	B/O H	842457	-	-	-	-	-	-	-	-	-	D	-	N
558	B/O M	842733	-	-	-	-	-	-	-	-	-	D	-	N
559	B/O R	843321	-	-	-	-	-	-	-	-	-	D	-	N
560	B/O R	843701	N	N	4	Y	Y	N	N	N	N	DOR	Y	Y
561	B/O K	843990	-	-	-	-	-	-	-	-	-	D	-	N
562	B/O S	844407	-	-	-	-	-	-	-	-	-	D	-	N
563	B/O S	843665	N	N	4	N	N	Y	N	N	N	DAMA	N	Y
564	B/O H	844824	-	-	-	-	-	-	-	-	-	D	-	N
565	B/O P	845169	-	-	-	-	-	-	-	-	-	D	-	N
566	B/O R 1	845664	-	-	-	-	-	-	-	-	-	D	-	N
567	B/O R 2	845667	-	-	-	-	-	-	-	-	-	D	-	N
568	B/O R	845693	-	-	-	-	-	-	-	-	-	DAMA	-	N
569	B/O M	845838	-	-	-	-	-	-	-	-	-	D	-	N
570	A	845027	N	N	7	Y	N	Y	N	N	N	DAMA	N	Y
571	B/O K	846285	-	-	-	-	-	-	-	-	-	D	-	N
572	B/O M	846402	N	N	7	N	N	Y	N	N	N	D	N	Y
573	B/O S	846506	N	N	4	N	N	Y	N	N	N	E	N	Y
574	B/O P	842844	-	-	-	-	-	-	-	-	-	D	-	N
575	M	846595	-	-	-	-	-	-	-	-	-	D	-	N
576	B/O P	846751	-	-	-	-	-	-	-	-	-	D	-	N
577	B/O B	846766	-	-	-	-	-	-	-	-	-	D	-	N
578	B/O R	847579	-	-	-	-	-	-	-	-	-	D	-	N
579	B/O H	848742	-	-	-	-	-	-	-	-	-	D	-	N
580	B/O M	848751	-	-	-	-	-	-	-	-	-	DAMA	-	N
581	B/O H	847736	-	-	-	-	-	-	-	-	-	D	-	N
582	B/O A	847984	-	-	-	-	-	-	-	-	-	D	-	N
583	B/O R 1	849331	-	-	-	-	-	-	-	-	-	D	-	N
584	B/O R 2	849338	-	-	-	-	-	-	-	-	-	D	-	N
585	B/O K	849209	-	-	-	-	-	-	-	-	-	D	-	N
586	B/O C	849397	-	-	-	-	-	-	-	-	-	D	-	N
587	B/O G	849588	-	-	-	-	-	-	-	-	-	D	-	N
588	B/O M 1	850095	-	-	-	-	-	-	-	-	-	D	-	N
589	B/O M 2	850096	-	-	-	-	-	-	-	-	-	D	-	N
590	B/O S	845460	-	-	-	-	-	-	-	-	-	D	-	N
591	B/O S	851331	-	-	-	-	-	-	-	-	-	D	-	N
592	B/O M	851712	N	N	4	Y	N	N	N	N	N	D	Y	Y
593	B/O N	852457	-	-	-	-	-	-	-	-	-	D	-	N
594	B/O P	852424	-	-	-	-	-	-	-	-	-	D	-	N
595	B/O S	852449	-	-	-	-	-	-	-	-	-	D	-	N
596	B/O K	853166	-	-	-	-	-	-	-	-	-	D	-	N
597	B/O G	853510	-	-	-	-	-	-	-	-	-	D	-	N
598	B/O R	853818	-	-	-	-	-	-	-	-	-	D	-	N
599	B/O M	853895	-	-	-	-	-	-	-	-	-	D	-	N
600	B/O H	853896	-	-	-	-	-	-	-	-	-	D	-	N
601	B/O S	854250	-	-	-	-	-	-	-	-	-	D	-	N
602	B/O R	854305	-	-	-	-	-	-	-	-	-	D	-	N
603	B/O R	854479	-	-	-	-	-	-	-	-	-	D	-	N
604	B/O S	854521	N	Y	5	Y	N	Y	N	N	N	DAMA	N	Y
605	B/O N	854576	-	-	-	-	-	-	-	-	-	D	-	N
606	B/O N	854580	-	-	-	-	-	-	-	-	-	D	-	N
607	B/O K	855304	-	-	-	-	-	-	-	-	-	D	-	N
608	B/O K 1	855311	-	-	-	-	-	-	-	-	-	D	-	N
609	B/O K 2	855309	-	-	-	-	-	-	-	-	-	D	-	N
610	B/O M	855328	-	-	-	-	-	-	-	-	-	D	-	N
611	B/O N	855808	-	-	-	-	-	-	-	-	-	D	-	N
612	B/O H	855968	-	-	-	-	-	-	-	-	-	D	-	N
613	B/O R	856069	-	-	-	-	-	-	-	-	-	D	-	N
614	B/O B	855316	-	-	-	-	-	-	-	-	-	D	-	N
615	B/O S	856465	-	-	-	-	-	-	-	-	-	D	-	N
616	B/O G	856759	N	N	7	N	Y	N	N	N	N	D	Y	Y
617	A	857416	N	N	5	Y	N	Y	N	N	N	DOR	N	Y
618	B/O M 1	857645	-	-	-	-	-	-	-	-	-	D	-	N
619	B/O M 2	857647	-	-	-	-	-	-	-	-	-	D	-	N
620	V	858077	-	-	-	-	-	-	-	-	-	DOR	-	N
621	B/O A	858123	-	-	-	-	-	-	-	-	-	D	-	N

S.No.	Name	MRD No.	DOB	DOA	DOD	Duration of hospital stay (days)	Gender	Gestation (weeks)	Mode of delivery	Site of delivery	Growth status	Birth Weight in Grms	Birth weight (grams)_< 1000	1001-1500	1501-2500	>2501	Apgar score (for inborn)_ 1 min	Apgar score (for inborn)_ 5min	Prematurity <35 weeks	Respiratory Distress	Sepsis	Perinatal Asphyxia	Seizures	Hypoglycemia	Hyperbilirubinaemia	Congenital Heart disease	Necrotising Enterocolitis	Surgical Cause	Small for gestational age	Large for gestational age
622	B/O S 1	858158	11/29/2019	11/29/2019	12/15/2019	17	M	34	L	I	A	2100	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
623	B/O S 2	858159	11/29/2019	11/29/2019	12/15/2019	17	F	34	L	I	A	2200	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
624	B/O H	858632	11/29/2019	11/29/2019	12/5/2019	7	M	36+4	L	I	A	2200	N	N	Y	N	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
625	B/O D	859389	11/28/2019	12/1/2019	12/10/2019	10	M	38	N	O	A	2500	N	N	Y	N	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
626	B/O K	859120	11/30/2019	12/1/2019	12/14/2019	14	F	31+1	L	I	A	1900	N	N	Y	N	6	9	Y	Y	N	N	N	N	N	N	N	N	N	N
627	B/O S 1	860121	12/2/2019	12/2/2019	12/9/2019	8	F	27+1	L	I	A	1160	N	Y	N	N	6	9	Y	Y	N	N	N	N	N	N	N	N	N	N
628	B/O S 2	860105	12/2/2019	12/2/2019	12/9/2019	8	F	27+1	L	I	A	1150	N	Y	N	N	6	9	Y	Y	N	N	N	N	N	N	N	N	N	N
629	B/O M	860128	11/29/2019	12/2/2019	12/12/2019	10	M	36+5	L	O	A	2500	N	N	Y	N	-	-	N	Y	N	N	N	N	N	N	N	Y	N	N
630	B/O G	860623	11/28/2019	12/3/2019	12/12/2019	10	M	34+1	L	O	S	1650	N	N	Y	N	-	-	Y	Y	Y	N	N	N	N	N	N	N	N	N
631	B/O M	860840	12/3/2019	12/3/2019	12/8/2019	8	F	32+4	L	I	A	2100	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
632	B/O G	861962	12/5/2019	12/5/2019	12/12/2019	8	M	34+2	L	I	S	1780	N	N	Y	N	6	9	Y	Y	N	N	N	N	N	N	N	N	N	N
633	B/O S	862238	12/5/2019	12/5/2019	12/8/2019	4	F	36+6	L	O	A	3200	N	N	N	Y	-	-	N	N	N	N	N	Y	N	N	N	N	N	N
634	B/O N	854580	12/3/2019	12/6/2019	12/9/2019	4	M	36+4	N	O	A	2620	N	N	N	Y	-	-	N	N	Y	N	N	N	N	N	N	N	N	N
635	B/O A	863409	12/7/2019	12/7/2019	12/14/2019	7	F	25+6	N	I	A	660	Y	N	N	N	5	7	Y	Y	N	Y	N	N	N	N	N	N	N	N
636	B/O N	863413	12/7/2019	12/7/2019	12/11/2019	5	M	39+6	L	I	A	2925	N	N	N	Y	7	9	N	Y	N	N	N	N	N	N	N	N	N	N
637	B/O K	863540	12/8/2019	12/8/2019	12/10/2019	3	M	36+3	L	I	A	2900	N	N	N	Y	7	9	N	Y	N	N	N	N	N	N	N	N	N	N
638	B/O A	863576	12/7/2019	12/8/2019	12/14/2019	7	F	34	L	O	A	2250	N	N	Y	N	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
639	B/O R	864213	12/9/2019	12/9/2019	12/11/2019	3	F	36	L	I	S	2170	N	N	Y	N	6	9	N	Y	N	N	N	N	N	N	N	N	N	N
640	B/O H	864332	12/9/2019	12/9/2019	12/14/2019	6	M	37	L	O	A	2600	N	N	N	Y	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
641	B/O K	864882	12/8/2019	12/10/2019	12/20/2019	10	M	35	L	O	S	1800	N	N	Y	N	-	-	N	Y	Y	N	N	N	N	N	N	N	N	N
642	B/O M	865474	12/11/2019	12/11/2019	12/15/2019	5	M	37	L	O	A	3060	N	N	N	Y	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
643	B/O A	865671	12/8/2019	12/11/2019	12/30/2019	19	F	37	N	O	A	2500	N	N	Y	N	-	-	N	Y	Y	N	N	N	N	N	N	N	N	N
644	B/O H	865842	12/12/2019	12/12/2019	12/16/2019	4	M	33+3	L	I	A	1965	N	N	Y	N	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
645	B/O S	866148	12/12/2019	12/12/2019	12/22/2019	10	F	35	L	I	A	2565	N	N	N	Y	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
646	M	866127	11/21/2019	12/12/2019	12/17/2019	6	F	34+6	L	O	A	2400	N	N	Y	N	-	-	N	Y	N	N	N	Y	N	N	N	N	N	N
647	B/O H	866437	12/13/2019	12/13/2019	12/18/2019	5	M	35+2	L	I	A	2000	N	N	Y	N	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
648	B/O S	866572	12/13/2019	12/13/2019	12/16/2019	4	F	35+4	L	I	A	2050	N	N	Y	N	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
649	B/O M	866664	12/13/2019	12/13/2019	12/29/2019	16	M	32	N	I	A	1760	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
650	B/O G	867069	12/14/2019	12/14/2019	12/20/2019	6	F	30	L	I	S	920	Y	N	N	N	7	9	Y	Y	N	Y	N	N	N	N	N	N	N	N
651	B/O P 1	867091	12/14/2019	12/14/2019	12/28/2019	14	F	34+4	L	I	A	2300	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
652	B/O P 2	867093	12/14/2019	12/14/2019	12/28/2019	14	M	34+4	L	I	S	1950	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
653	M	866634	12/13/2019	12/13/2019	12/23/2019	10	M	37	L	O	A	3150	N	N	N	Y	-	-	N	N	Y	N	N	N	N	N	N	N	N	N
654	B/O G	867119	12/11/2019	12/14/2019	12/21/2019	7	F	35+6	L	O	L	3500	N	N	N	Y	-	-	N	N	Y	N	N	N	N	N	N	N	N	N
655	B/O R	867184	12/15/2019	12/15/2019	12/18/2019	4	M	32+5	L	I	S	1420	N	Y	N	N	7	9	Y	Y	N	N	N	N	N	N	N	N	N	N
656	B/O A	867819	12/16/2019	12/16/2019	12/19/2019	4	M	35+2	L	I	A	2320	N	N	Y	N	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
657	B/O A	867853	12/16/2019	12/16/2019	12/18/2019	3	M	36+4	N	I	A	2560	N	N	N	Y	7	9	N	Y	N	N	N	N	N	N	N	N	N	N
658	B/O K	867897	12/16/2019	12/16/2019	12/23/2019	7	M	32	L	I	L	2220	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
659	B/O G	867658	12/16/2019	12/16/2019	12/18/2019	3	M	31+5	L	O	A	1460	N	Y	N	N	-	-	Y	Y	N	N	N	N	N	N	N	N	N	N
660	B/O R	868500	12/17/2019	12/17/2019	12/22/2019	6	M	32+1	L	I	S	1500	N	Y	N	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
661	B/O S	868333	12/17/2019	12/17/2019	12/27/2019	10	M	32+3	N	I	S	1480	N	Y	N	N	8	9	Y	N	N	N	N	N	N	Y	N	N	N	N
662	B/O P	868521	12/17/2019	12/17/2019	12/21/2019	5	M	37	L	I	A	2600	N	N	N	Y	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
663	B/O R	868280	12/17/2019	12/17/2019	12/27/2019	10	M	32+5	L	I	A	1845	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
664	B/O S	868855	12/18/2019	12/18/2019	12/20/2019	3	F	35	L	I	S	1740	N	N	Y	N	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
665	A	869423	12/17/2019	12/19/2019	1/24/2020	36	F	32	L	O	A	2000	N	N	Y	N	-	-	Y	Y	N	N	N	N	N	N	N	N	N	N
666	B	869633	12/18/2019	12/20/2019	12/30/2019	10	M	34	L	O	A	2260	N	N	Y	N	-	-	Y	Y	N	N	N	N	N	N	N	N	N	N
667	B/O R	869946	12/20/2019	12/20/2019	12/22/2019	3	M	34+3	L	I	A	2655	N	N	N	Y	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
668	B/O R	869817	12/20/2019	12/20/2019	12/24/2019	4	F	32+1	L	I	S	1385	N	Y	N	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
669	B/O K	870444	12/21/2019	12/21/2019	12/24/2019	4	F	34+3	L	I	A	2060	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
670	B/O I	870330	12/21/2019	12/21/2019	12/28/2019	7	F	33+5	L	O	A	2400	N	N	Y	N	-	-	Y	Y	N	N	N	N	N	N	N	N	N	N
671	B/O R	870472	12/21/2019	12/21/2019	12/27/2019	6	M	35+4	L	I	A	3060	N	N	N	Y	5	7	N	N	N	N	N	N	N	N	N	N	N	N
672	B/O M	871537	12/24/2019	12/24/2019	12/29/2019	5	M	35+2	L	I	A	2840	N	N	N	Y	6	9	N	Y	N	N	N	N	N	N	N	N	N	N
673	B/O A	871809	12/23/2019	12/24/2019	12/30/2019	6	M	38	N	O	A	3500	N	N	N	Y	-	-	N	Y	N	N	N	N	N	N	N	N	N	N
674	B/O R	871935	12/25/2019	12/25/2019	12/28/2019	4	M	35+6	L	I	L	4000	N	N	N	Y	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
675	B/O K	872636	12/26/2019	12/26/2019	12/31/2019	6	M	37+1	L	I	A	2600	N	N	N	Y	5	8	N	N	N	Y	N	N	N	N	N	N	N	N
676	B/O M 1	872676	12/26/2019	12/26/2019	12/30/2019	5	M	35	L	I	A	2300	N	N	Y	N	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
677	B/O M 2	872679	12/26/2019	12/26/2019	12/30/2019	5	F	35	L	I	A	2300	N	N	Y	N	8	9	N	Y	N	N	N	N	N	N	N	N	N	N
678	B/O P 1	873175	12/27/2019	12/27/2019	12/30/2019	4	M	34+2	L	I	A	2100	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
679	B/O P 2	873176	12/27/2019	12/27/2019	12/31/2019	5	F	34+2	L	I	A	2000	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N
680	B/O P 3	873177	12/27/2019	12/27/2019	12/31/2019	5	M	34+2	L	I	A	2100	N	N	Y	N	8	9	Y	Y	N	N	N	N	N	N	N	N	N	N

S.No.	Name	MRD No.	Congenital renal anomaly	Birth asphyxia requiring bag and mask ventilaton	Need for ventilation (Days)	Duration of ventilatory support()	RDS	Need for surfactant	Apnea of prematuriy	Feed Intolerance	Need for inotropes	Need for CPAP	NEC	Need for photother apy	Need For exchange transfusion	Abnormal ROP screening	Sepsis	Use of Nephrotoxic Drugs	Antibiotic drug used (in days)_C	A	P	N	M	V	Others	Antibitoic used	Need for ventilation_ AT AKI	Duration of ventilatory upport ()_AT AKI	RDS_AT AKI	Feed Intolerance _AT AKI	Need for inotropes_ AT AKI	Number of inotropes used_AT AKI	Need for CPAP_A T AKI	NEC_AT AKI
622	B/O S 1	858158	N	N	N	-	Y	N	N	Y	N	Y	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
623	B/O S 2	858159	N	N	N	-	Y	N	N	N	Y	Y	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
624	B/O H	858632	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
625	B/O D	859389	N	N	Y	3	Y	N	N	N	Y	Y	N	Y	N	N	E	Y	-	-	-	-	10	10	-	2	Y	3	Y	N	Y	2	Y	N
626	B/O K	859120	N	Y	N	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	Y	10	10	-	-	-	-	-	2	-	-	-	-	-	-	-	-
627	B/O S 1	860121	N	Y	N	-	Y	Y	Y	N	N	Y	N	Y	N	N	N	Y	5	5	-	-	-	-	-	1	-	-	-	-	-	-	-	-
628	B/O S 2	860105	N	Y	N	-	Y	Y	N	N	N	Y	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
629	B/O M	860128	N	N	Y	6	Y	N	N	N	Y	N	N	Y	N	N	N	Y	-	-	5	5	-	-	-	1	Y	6	Y	N	Y	2	N	N
630	B/O G	860623	N	N	Y	5	N	N	N	Y	Y	Y	N	Y	N	N	E	Y	5	5	-	-	-	-	-	1	-	-	-	-	-	-	-	-
631	B/O M	860840	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
632	B/O G	861962	N	Y	N	-	Y	N	N	N	N	N	N	Y	N	N	N	Y	3	3	-	-	-	-	-	1	-	-	-	-	-	-	-	-
633	B/O S	862238	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	N	Y	3	3	-	-	-	-	-	1	-	-	-	-	-	-	-	-
634	B/O N	854580	N	N	N	-	N	N	N	N	N	Y	N	N	N	N	E	Y	4	4	-	-	-	-	-	1	-	-	-	-	-	-	-	-
635	B/O A	863409	N	Y	Y	7	Y	Y	Y	Y	Y	N	Y	Y	N	N	E	Y	7	7	-	-	-	-	-	2	-	-	-	-	-	-	-	-
636	B/O N	863413	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
637	B/O K	863540	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
638	B/O A	863576	N	N	N	-	Y	N	N	Y	N	Y	N	Y	N	N	N	Y	7	7	-	-	-	-	-	2	-	-	-	-	-	-	-	-
639	B/O R	864213	N	Y	N	-	Y	N	N	N	N	Y	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
640	B/O H	864332	N	N	N	-	Y	N	N	N	N	Y	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
641	B/O K	864882	N	N	N	-	Y	N	N	N	N	Y	N	Y	N	N	L	Y	-	-	-	-	7	7	-	1	-	-	-	-	-	-	-	-
642	B/O M	865474	N	N	N	-	Y	N	N	N	N	Y	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
643	B/O A	865671	N	N	Y	3	Y	N	N	N	Y	Y	N	Y	N	N	E	Y	-	-	10	10	7	-	-	2	Y	3	Y	N	Y	2	Y	N
644	B/O H	865842	N	N	N	-	Y	N	N	N	N	Y	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
645	B/O S	866148	N	N	N	-	Y	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
646	M	866127	N	N	N	-	N	N	N	Y	N	N	N	N	N	N	N	Y	-	-	5	-	-	-	-	1	-	-	-	-	-	-	-	-
647	B/O H	866437	N	N	N	-	Y	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
648	B/O S	866572	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
649	B/O M	866664	N	N	N	-	Y	N	N	N	N	Y	N	N	N	N	E	Y	10	10	-	-	-	-	-	2	-	-	-	-	-	-	-	-
650	B/O G	867069	N	Y	N	-	Y	Y	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
651	B/O P 1	867091	N	N	N	-	Y	N	N	N	N	N	N	Y	N	N	E	Y	14	14	-	-	-	-	-	2	-	-	-	-	-	-	-	-
652	B/O P 2	867093	N	N	N	-	Y	N	N	N	N	N	N	Y	N	N	E	Y	14	14	-	-	-	-	-	2	-	-	-	-	-	-	-	-
653	M	866634	N	N	N	-	Y	N	N	N	Y	N	N	N	N	N	L	Y	10	10	-	-	-	-	-	2	-	-	-	-	-	-	-	-
654	B/O G	867119	N	N	N	-	N	N	N	N	N	N	N	Y	N	N	N	Y	7	7	-	-	-	-	-	2	-	-	-	-	-	-	-	-
655	B/O R	867184	N	Y	N	-	Y	N	N	Y	N	N	N	N	N	N	N	Y	4	4	-	-	-	-	-	1	-	-	-	-	-	-	-	-
656	B/O A	867819	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
657	B/O A	867853	N	Y	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
658	B/O K	867897	N	N	N	-	Y	N	N	N	N	Y	N	N	Y	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
659	B/O G	867658	N	N	N	-	Y	N	N	N	N	Y	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
660	B/O R	868500	N	N	N	-	Y	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
661	B/O S	868333	N	N	N	-	Y	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
662	B/O P	868521	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
663	B/O R	868280	N	N	N	-	Y	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
664	B/O S	868855	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
665	A	869423	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
666	B	869633	N	N	N	-	Y	N	N	N	N	Y	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
667	B/O R	869946	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
668	B/O R	869817	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
669	B/O K	870444	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
670	B/O I	870330	N	N	N	-	Y	N	N	N	N	N	N	Y	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
671	B/O R	870472	N	Y	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
672	B/O M	871537	N	Y	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
673	B/O A	871809	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	E	Y	5	5	-	-	-	-	-	1	-	-	-	-	-	-	-	-
674	B/O R	871935	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
675	B/O K	872636	N	Y	Y	2	N	N	N	N	N	N	N	Y	N	N	N	Y	5	5	-	-	-	-	-	1	Y	2	N	N	N	-	Y	N
676	B/O M 1	872676	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
677	B/O M 2	872679	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
678	B/O P 1	873175	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
679	B/O P 2	873176	N	N	N	-	N	Y	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
680	B/O P 3	873177	N	N	N	-	Y	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

S.No.	Name	MRD No.	Sepsis screen_ AT AKI	Metabolic Acidosis_A T AKI	PDA_AT AKI	MATERNAL VARIABLES_ Age (years)	Infections	Diabetes	Hypothyroidism	Chronic hypertension	Kidney disease	Pre-eclampsia	Eclampsia	Intrauterine growth retardation	Oligohydramnios	Polyhydramnios	Haemorrhage	Multiple gestation	Assisted Conception	Antepartum complication	STAGE OF KIDNEY INJURY	AKI COMPLICATIONS _Hyperkalemia (>5.5 meq/l)	Acidosis	Pulmonary Edema	Volume Overload	Hyponatremia(<130meq/l)	Anemia
622	B/O S 1	858158	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	N	N	-	-	-	-	-	-	-
623	B/O S 2	858159	-	-	-	-	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N	-	-	-	-	-	-	-
624	B/O H	858632	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
625	B/O D	859389	Y	Y	Y	29	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	3	N	Y	Y	Y	N	Y
626	B/O K	859120	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
627	B/O S 1	860121	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	N	N	-	-	-	-	-	-	-
628	B/O S 2	860105	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	N	N	-	-	-	-	-	-	-
629	B/O M	860128	N	Y	Y	29	N	N	N	N	N	N	N	N	N	N	N	N	N	N	1	N	Y	N	N	N	N
630	B/O G	860623	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
631	B/O M	860840	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
632	B/O G	861962	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
633	B/O S	862238	-	-	-	-	N	N	N	N	N	N	N	N	N	N	Y	N	N	N	-	-	-	-	-	-	-
634	B/O N	854580	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
635	B/O A	863409	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
636	B/O N	863413	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
637	B/O K	863540	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
638	B/O A	863576	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
639	B/O R	864213	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
640	B/O H	864332	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
641	B/O K	864882	-	-	-	-	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
642	B/O M	865474	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
643	B/O A	865671	Y	Y	Y	29	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	1	N	Y	N	N	N	N
644	B/O H	865842	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
645	B/O S	866148	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
646	M	866127	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
647	B/O H	866437	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
648	B/O S	866572	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
649	B/O M	866664	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
650	B/O G	867069	-	-	-	-	N	N	N	N	N	N	Y	N	N	N	N	N	N	N	-	-	-	-	-	-	-
651	B/O P 1	867091	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	-	-	-	-	-	-	-
652	B/O P 2	867093	-	-	-	-	N	N	N	N	N	Y	N	N	N	N	N	Y	Y	N	-	-	-	-	-	-	-
653	M	866634	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
654	B/O G	867119	-	-	-	-	N	Y	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
655	B/O R	867184	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
656	B/O A	867819	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
657	B/O A	867853	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
658	B/O K	867897	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
659	B/O G	867658	-	-	-	-	N	N	N	N	N	N	N	N	N	N	Y	N	N	N	-	-	-	-	-	-	-
660	B/O R	868500	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
661	B/O S	868333	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
662	B/O P	868521	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
663	B/O R	868280	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
664	B/O S	868855	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
665	A	869423	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
666	B	869633	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
667	B/O R	869946	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
668	B/O R	869817	-	-	-	-	N	N	N	N	N	Y	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
669	B/O K	870444	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
670	B/O I	870330	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
671	B/O R	870472	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
672	B/O M	871537	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
673	B/O A	871809	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
674	B/O R	871935	-	-	-	-	N	Y	N	N	N	N	N	N	N	N	N	N	N	N	-	-	-	-	-	-	-
675	B/O K	872636	N	Y	N	28	N	N	Y	Y	Y	Y	Y	Y	N	N	N	N	N	N	1	N	Y	N	N	N	N
676	B/O M 1	872676	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	-	-	-	-	-	-	-
677	B/O M 2	872679	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	-	-	-	-	-	-	-
678	B/O P 1	873175	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	-	-	-	-	-	-	-
679	B/O P 2	873176	-	-	-	-	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	-	-	-	-	-	-	-
680	B/O P 3	873177	-	-	-	-	N	N	N	N	N	N	N	N	N	N	Y	Y	Y	N	-	-	-	-	-	-	-

S.No.	Name	MRD No.	Hypertension	GI bleed	Day of Onset of AKI	Probable Cause of AKI_Sepsis	Dehydration	Shock	Nephrotoxic drugs	others	Need of Renal Replacement Therapy	Outcome	AKI RESOLVED	AKI
622	B/O S 1	858158	-	-	-	-	-	-	-	-	-	D	-	N
623	B/O S 2	858159	-	-	-	-	-	-	-	-	-	D	-	N
624	B/O H	858632	-	-	-	-	-	-	-	-	-	D	-	N
625	B/O D	859389	N	N	4	Y	N	Y	N	N	N	DOR	N	Y
626	B/O K	859120	-	-	-	-	-	-	-	-	-	DOR	-	N
627	B/O S 1	860121	-	-	-	-	-	-	-	-	-	DAMA	-	N
628	B/O S 2	860105	-	-	-	-	-	-	-	-	-	DAMA	-	N
629	B/O M	860128	N	N	4	N	N	Y	N	N	N	DOR	Y	Y
630	B/O G	860623	-	-	-	-	-	-	-	-	-	D	-	N
631	B/O M	860840	-	-	-	-	-	-	-	-	-	DOR	-	N
632	B/O G	861962	-	-	-	-	-	-	-	-	-	D	-	N
633	B/O S	862238	-	-	-	-	-	-	-	-	-	D	-	N
634	B/O N	854580	-	-	-	-	-	-	-	-	-	D	-	N
635	B/O A	863409	-	-	-	-	-	-	-	-	-	DAMA	-	N
636	B/O N	863413	-	-	-	-	-	-	-	-	-	D	-	N
637	B/O K	863540	-	-	-	-	-	-	-	-	-	D	-	N
638	B/O A	863576	-	-	-	-	-	-	-	-	-	DOR	-	N
639	B/O R	864213	-	-	-	-	-	-	-	-	-	D	-	N
640	B/O H	864332	-	-	-	-	-	-	-	-	-	DOR	-	N
641	B/O K	864882	-	-	-	-	-	-	-	-	-	D	-	N
642	B/O M	865474	-	-	-	-	-	-	-	-	-	D	-	N
643	B/O A	865671	N	N	4	Y	N	Y	N	N	N	DOR	N	Y
644	B/O H	865842	-	-	-	-	-	-	-	-	-	D	-	N
645	B/O S	866148	-	-	-	-	-	-	-	-	-	D	-	N
646	M	866127	-	-	-	-	-	-	-	-	-	D	-	N
647	B/O H	866437	-	-	-	-	-	-	-	-	-	D	-	N
648	B/O S	866572	-	-	-	-	-	-	-	-	-	D	-	N
649	B/O M	866664	-	-	-	-	-	-	-	-	-	D	-	N
650	B/O G	867069	-	-	-	-	-	-	-	-	-	DAMA	-	N
651	B/O P 1	867091	-	-	-	-	-	-	-	-	-	D	-	N
652	B/O P 2	867093	-	-	-	-	-	-	-	-	-	D	-	N
653	M	866634	-	-	-	-	-	-	-	-	-	D	-	N
654	B/O G	867119	-	-	-	-	-	-	-	-	-	D	-	N
655	B/O R	867184	-	-	-	-	-	-	-	-	-	D	-	N
656	B/O A	867819	-	-	-	-	-	-	-	-	-	D	-	N
657	B/O A	867853	-	-	-	-	-	-	-	-	-	D	-	N
658	B/O K	867897	-	-	-	-	-	-	-	-	-	D	-	N
659	B/O G	867658	-	-	-	-	-	-	-	-	-	DOR	-	N
660	B/O R	868500	-	-	-	-	-	-	-	-	-	D	-	N
661	B/O S	868333	-	-	-	-	-	-	-	-	-	D	-	N
662	B/O P	868521	-	-	-	-	-	-	-	-	-	D	-	N
663	B/O R	868280	-	-	-	-	-	-	-	-	-	D	-	N
664	B/O S	868855	-	-	-	-	-	-	-	-	-	D	-	N
665	A	869423	-	-	-	-	-	-	-	-	-	D	-	N
666	B	869633	-	-	-	-	-	-	-	-	-	D	-	N
667	B/O R	869946	-	-	-	-	-	-	-	-	-	D	-	N
668	B/O R	869817	-	-	-	-	-	-	-	-	-	D	-	N
669	B/O K	870444	-	-	-	-	-	-	-	-	-	D	-	N
670	B/O I	870330	-	-	-	-	-	-	-	-	-	D	-	N
671	B/O R	870472	-	-	-	-	-	-	-	-	-	D	-	N
672	B/O M	871537	-	-	-	-	-	-	-	-	-	D	-	N
673	B/O A	871809	-	-	-	-	-	-	-	-	-	D	-	N
674	B/O R	871935	-	-	-	-	-	-	-	-	-	D	-	N
675	B/O K	872636	N	N	4	N	Y	N	N	N	N	DAMA	N	Y
676	B/O M 1	872676	-	-	-	-	-	-	-	-	-	D	-	N
677	B/O M 2	872679	-	-	-	-	-	-	-	-	-	D	-	N
678	B/O P 1	873175	-	-	-	-	-	-	-	-	-	D	-	N
679	B/O P 2	873176	-	-	-	-	-	-	-	-	-	D	-	N
680	B/O P 3	873177	-	-	-	-	-	-	-	-	-	D	-	N

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The Principal,
DMC, Ladhiana.

Subject: **Approval of Plan of Thesis.**

This is to inform you that the Faculty of Medical Sciences in its meeting held on 29.05.2019 has approved the plan of thesis of **Anupreet Tiwana**, a student of your college for **MD Paediatrics** along with the names of Supervisor/Co-Supervisor as under:-

Topic Plan of Thesis

Incidence and outcome of acute kidney injury in neonates admitted in nicu

Supervisor
Dr. Gurdeep Singh
Dhooria
Assoc. Prof.,
Dept. of Paediatrics,
DMCH, Ludhiana.

Co-Supervisor
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The student has to submit the four copies of thesis (along with PDF format) , to the Controller of Examinations, BFUHS, Faridkot, at least six months before the commencement of theory examination, if he/she is otherwise eligible to take the examination. He /She must directed to attach a photocopy of this letter with the forwarding letter while submitting thesis to the University along with the letter of approval of University for change of supervisor/Co-Supervisor, change of topic,(if any).

Dr. S P Singh MS(Oph)
Controller of Examinations

Note :

1. *If any discrepancy found regarding topic of thesis or Supervisor/Co-Supervisor, inform undersigned within one month after issue of this letter.*
2. *The student may submit the thesis as per the schedule already conveyed i.e. for May/June examination 30th Nov of the preceding the year of examination and for Nov/Dec examinations 31st May of the year of examination.*

INCIDENCE AND OUTCOMES OF ACUTE KIDNEY INJURY IN NEONATES ADMITTED IN NICU

THESIS PROPOSAL

FOR APPROVAL OF SUBJECT OF THESIS TO BE SUBMITTED

IN PARTIAL FULFILMENT OF THE REQUIREMENTS

FOR THE DEGREE OF

DOCTOR OF MEDICINE

in

PEDIATRICS

OF THE

BABA FARID UNIVERSITY OF HEALTH SCIENCES
FARIDKOT

NOVEMBER, 2018

DR. ANUPREET TIWANA

DEPARTMENT OF PEDIATRICS
DAYANAND MEDICAL COLLEGE AND HOSPITAL
LUDHIANA

ABSTRACT OF PLAN OF THESIS

Title	INCIDENCE AND OUTCOMES OF ACUTE KIDNEY INJURY IN NEONATES ADMITTED IN NICU
For the degree of	M.D. Paediatrics
Name of the candidate	Dr. Anupreet Tiwana
Supervisor	Dr. Gurdeep Singh Dhooria, Associate Professor, Department of Paediatrics, DMCH, Ludhiana
Co-supervisor	Dr. Puneet Aulakh Pooni, Professor & Head, Department of Paediatrics, DMCH, Ludhiana
Co-supervisor	Dr. Kamaldeep Arora, Associate Professor, Department of Pediatrics, DMCH, Ludhiana
Institution	Dayanand Medical College and Hospital, Ludhiana
University	Baba Farid University of Health Sciences, Faridkot

Introduction: Acute Kidney Injury (AKI) is a serious condition in neonatal care. AKI affects neonates of all gestational ages. It is defined as the inability of the kidneys to excrete nitrogenous waste products and maintain fluid and electrolyte homeostasis. It is fairly common in new born population and is a major contributor of neonatal mortality and morbidity.

Aim of study: To find the incidence and outcomes of acute kidney injury in neonates admitted in NICU.

Materials and methods: This study is to be conducted at level 3 NICU of Dayanand Medical College and Hospital Ludhiana. It is a referral centre for governments and private establishments in surrounding districts. The Hospital has an electronic registry system for all admissions and central diagnostic laboratory. It will be a prospective observational study. Source of data will be neonates born or admitted in NICU at Dayanand Medical College &Hospital Ludhiana. Quantification of urinary output is an important part of assessment for neonatal AKI. Either diaper or catheter urine collection will be acceptable as long as the urinary output is quantifiable. New borns will be classified as having AKI if they meet either the serum creatinine or urinary output definitions. The maximum AKI stage will be classified as the highest of either serum creatinine or urinary output criteria. AKI severity will be classified into one of three stages by using Modified KDIGO Criteria for neonates.

Clinical significance: Early detection of AKI in neonates according to modified KDIGO criteria will help in improving mortality and morbidity.

Keywords: Acute Kidney Injury, KDIGO criteria, Creatinine.

(Signature)	(Signature)	(Signature)	(Signature)	(Signature)
Candidate	Co-supervisor	Co-supervisor	Supervisor	Principal

CERTIFICATE OF FACILITIES AVAILABLE

This is to certify that the facilities for work on the subject of thesis titled **"INCIDENCE AND OUTCOMES OF ACUTE KIDNEY INJURY IN NEONATES ADMITTED IN NICU"** exist in the Department of Paediatrics at Dayanand Medical College and Hospital, Ludhiana and will be provided to the candidate. We will see that the data being included in the thesis are genuine and is collected by the candidate herself under our supervision and guidance.

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Dr Gurdeep Singh Dhooria
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Date : 18-12-2018

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Department	Paediatrics
Topic of Thesis	INCIDENCE AND OUTCOMES OF ACUTE KIDNEY INJURY IN NEONATES ADMITTED IN NICU
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Date of enrollment	MAY 12, 2018
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1. HOD Pharmacology	1. HOD Physiology
2. HOD Surgery	2. HOD Pathology
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4. HOD Medicine	4. HOD SPM
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Approved: Yes / ~~No~~

Chairperson
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Ethics Committee

BABA FARID UNIVERSITY OF HEALTH SCIENCES, FARIDKOT

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2	NAME OF THE INSTITUTE	DAYANAND MEDICAL COLLEGE & HOSPITAL, LUDHIANA
3	COURSE OF STUDY AND SUBJECT	MD PAEDIATRICS
4	DATE OF ADMISSION OF COURSE	12th MAY,2018
5	TITLE OF THE TOPIC	INCIDENCE AND OUTCOMES OF ACUTE KIDNEY INJURY IN NEONATES ADMITTED IN NICU.

6. BRIEF RESUME OF THE INTENDED WORK

6.1 NEED FOR THE STUDY

There has been a dearth of medical literature available regarding acute kidney injury in sick neonates .Growing interest in research in this area in the recent times has led to some single and multi centre studies being conducted to study AKI in critically ill neonates.

Findings from single centre studies have suggested that Acute kidney injury is not only significantly but also pertents worse outcomes and prognosis in neonates and children with AKI as compared to those without the disorder.

Some multi centre studies have also been conducted. A fairly recent multi centre, multinational study (AWAKEN Study) suggested that neonatal AKI is independently associated with increased mortality.

There is a consistent lack in relavant studies aimed at studying the incidence and outcome of neonatal AKI from India. This justifies the need for the proposed study that aims to investigate the incidence of neonatal AKI and its association with neonatal morbidity and mortality among the diverse patient population being catered to at our level 3 tertiary care hospital.

Although the AWAKEN study is the largest neonatal AKI study to date but the author had one of the few limitations to depend on the serum creatinine and urine output level measured in the medical records of the patient enrolled for the study, therefore AKI cases could have been missed, however proposed study aims to prospectively record and follow serum creatinine and urine output levels of all the enrolled patients in the study.

Only two countries outside of North America were included, thus AWAKEN study represents mostly North American NICUs.

Also neonates born from January to March were included, which might have contributed to variation in antenatal care, mortality rates and length of hospital stay.

Multiple different serum creatinine-based AKI definitions have been used, making data comparison across studies difficult.

The incidence of neonatal AKI based on published studies ranges from 3% to 71%-a wide range that reflects heterogeneity in patient selection, frequency and type of monitoring, and the AKI definition used.

This study will help move the field forward toward the establishment of a common framework for neonatal AKI research.

This study has been planned to know the incidence and outcomes of acute kidney injury according to modified KDIGO criteria in neonates admitted in NICU at tertiary care hospital of North India.

6.2 REVIEW OF LITERATURE

Acute Kidney Injury (AKI) is a serious condition in neonatal care. AKI affects neonates of all gestational ages. It is defined as the inability of the kidneys to excrete nitrogenous waste products and maintain fluid and electrolyte homeostasis.[1] It is fairly common in newborn population and is a major contributor of neonatal mortality and morbidity.[2,3]

AKI is defined as an increase in serum creatinine of 0 · 3 mg/dL or more (≥26 · 5 µmol/L) or 50% or more from the previous lowest value, or a urinary output of less than 1 mL/kg per hour on postnatal days 2–7, according to the Kidney Disease: Improving

Global Outcomes (KDIGO) workgroup AKI definition modified for neonates, as used in previous neonatal studies.[4-7]

The overall incidence of AKI in neonates enrolled in the AWAKEN study was 30% and infants with AKI had four times higher independent odds of death and longer independent hospital length of stay than those without AKI.

The incidence of AKI gestational age wise showed the highest rates in the oldest (>36 weeks) and youngest (22 weeks to <29 weeks) neonates. AKI incidence in middle group (29 to <36 weeks) is increased but not to the same extent as at risk neonates for other ages.

The incidence of AKI in the youngest gestational age group was 48%-a finding in line with published single-centre studies.[8-13]

Infants with stage 3 AKI had higher mortality rates than did those with stage 2 or stage 1 AKI.

Incidence of AKI in the centres that measured serum creatinine often (median five or more counts per infant) was higher than the incidence of AKI in centres that measured serum creatinine less often (less than five counts per infant.

Babies admitted to the NICU without need for intravenous fluids are not seriously ill so not included.

A previous study from India found the incidence of AKI in newborns to be 3.9 in 1000 live births and 34.5 in 1000 newborns admitted in the NICU.[14] Several previous studies have found birth asphyxia to be the most common cause of AKI of neonatal period.[14-16]

Male gender and sepsis came out as significant risk factors for AKI. Major factors associated with mortality in AKI were presence of shock and need for mechanical ventilation.[17]

One study done in single centre in soudi Arabia found the incidence of AKI (modified neonatal KDIGO stages) to be 56% (120/214 patients).[18]

AKI is common in premature infants who develop NEC. More severe NEC was found to be an independent risk factor for AKI. Additionally, AKI in infants with NEC increases mortality risk significantly.[19]

Study done in University of İnönü, Malatya, Turkey concluded that AKI occurred in 21 (20.0%) of 105 premature babies, and mortality rate in these babies was 61.9%. Lower gestational weeks, lower Apgar scores at 5 minutes, lower systolic blood pressures, and inotropic supports were independent risk factors for the development of AKI in preterm babies ($P < .05$, for each). Oliguria, preeclampsia/eclampsia, resuscitation at birth, lower diastolic blood pressure, patent ductus arteriosus (PDA), inotropic

support, and furosemide treatment were associated with the mortality ($P < .05$, for each).

Prenatal risk factors and medical interventions are associated with AKI, and AKI is associated with increased morbidity and mortality. Therefore, identification of AKI is very important in this vulnerable population and it should be performed as quickly as possible in all babies who are at high risk for developing of AKI.[20]

7.0 MATERIAL AND METHODS

It will be a prospective observational study.

Source of data will be neonates admitted in NICU at Dayanand Medical College & Hospital Ludhiana. All Neonates admitted in NICU over 1 year period will be included in the study. Both AKI and non-AKI neonates will be prospectively followed up until NICU discharge.

7.1 SOURCE OF DATA

Source of data will be neonates admitted in NICU at Dayanand Medical College & Hospital Ludhiana.

7.2 METHOD OF COLLECTION OF DATA

This study is to be conducted at level 3 NICU of Dayanand Medical College and Hospital Ludhiana. It is a referral centre for governments and private establishments in surrounding districts. The Hospital has an electronic registry system for all admissions and central diagnostic laboratory. It will be a prospective observational study. Source of data will be neonates admitted in NICU at Dayanand Medical College & Hospital Ludhiana. Quantification of urinary output is an important part of assessment for neonatal AKI. Either diaper or catheter urine collection will be acceptable as long as the urinary output is quantifiable. Newborns will be classified as having AKI if they meet either the serum creatinine or urinary output definitions. The maximum AKI stage will be classified as the highest of either serum creatinine or urinary output criteria. AKI severity will be classified into one of three stages by use of Modified KDIGO Criteria for neonates. Those Neonates having serum creatinine more than 0.3 from the normal mean creatinine for age and gestation will also be included for AKI classification.

KDIGO CRITERIA [21]

Stage	SCr	Urine output over 24 h
0	No change in SCr or rise < 27µmol/L (0.3 mg/dL)	>1 mL/kg/h
1	SCr rise ≥ 27 µmol/L (0.3 mg/dL) within 48 h or SCr rise ≥ 1.5-1.9 x reference SCR[a] within 7 d	>0.5 and ≤ 1 mL/kg/h
2	SCr rise ≥ 2-2.9 x refrence SCr[a]	>0.3 and ≤0.5 mL/kg/h
3	SCr rise ≥ 3 x refrence SCr[a] or SCr ≥ 221µmol/L (2.5 mg/dL)[b] or receipt of dialysis	≤0.3 mL/kg/h

[a]Reference SCr will be defined as the lowest previous SCr value.

[b]SCr value of > 2.5 mg/dL represents < 10 mL/min/1.73 m^2.

Normal Serum Creatinine values in Term and Preterm infants (Mean +/- SD) [22]

Age(Day)	<28 weeks	28-32 Weeks	32-37 Weeks	>37 Weeks
3	1.05 +/- 0.27	0.88 +/- 0.25	0.78 +/- 0.22	0.75 +/- 0.2
7	0.95 +/- 0.36	0.94 +/- 0.37	0.77 +/- 0.48	0.56 +/- 0.4
14	0.81 +/ - 0.26	0.78 +/- 0.36	0.62 +/- 0.4	0.43 +/- 0.25
28	0.66 +/- 0.28	0.59 +/- 0.38	0.40 +/- 0.28	0.34 +/- 0.2

Data of all neonates will be entered in the preformed proforma which will include demographic data, U/O values, serial serum creatinine values and outcomes.

Inclusion criteria:

All Neonates admitted in NICU during the study period.

Exclusion criteria:

- Neonates with congenital heart disease requiring repair within 7 days of life
- Lethal chromosomal anomaly
- Death within 48 hours of admission
- Severe congenital kidney and urinary tract abnormalities.

KDIGO definition will be used in the proposed study because this definition is the most widely accepted definition of AKI in pediatric and adult cohorts. Criterias to be used is selected because it enables enrolment of infants who are most likely to have measurements for serial serum creatinine and urinary output.

Primary Outcome-

- Incidence of AKI according to modified KDIGO criteria for neonates.

Secondary Outcome-

- Duration of hospital stay
- Morbidity and mortality of neonates with and without AKI.

Statistical Analysis: Categorical variables will be analysed by proportional differences with either $\chi 2$ or Fisher's exact tests. For normally distributed continuous variables, means and SDs will be determined with the Student's t test. For non-normally distributed variables, medians and IQRs will be determined, and will be compared in groups with the Wilcoxon signed-ranks test. Logistic regression will be used to calculate crude odds ratios (ORs) and associated 95% CIs for the association between AKI and likelihood of death. Linear regression will be used to calculate crude parameter estimates and associated 95% CIs for the association between AKI and length of stay.

Multivariable logistic and linear regression models will be used to account for potential confounding variables, and findings will be reported as adjusted OR and adjusted parameter estimate, respectively.

A p value of less than 0.05 will be considered statistically significant.

7.3 DOES THE STUDY REQUIRE ANY INVESTIGATIONS OR INTERVENTIONS TO BE CONDUCTED ON PATIENTS OR OTHER HUMANS OR ANIMALS? IF SO, PLEASE DESCRIBE BRIEF?

It requires only serum creatinine values. No additional investigations are to be carried out

7.4 HAS ETHICAL CLEARANCE BEEN OBTAINED FROM YOUR INSTITUTION IN CASE OF 7.3?

Yes.

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AKI

PROFORMA

INCIDENCE AND OUTCOMES OF ACUTE KIDNEY INJURY IN NEONATES ADMITTED IN NICU

S.No.

Name:

MRD No.

DOB

Father's name:

DOA

DOD

Duration of hospital stay (days)

Gender: Male/ Female

Gestation (weeks):

Address:

Mode of delivery: NVD/FORECEPS/LSCS

Site of delivery: OUTBORN/ INBORN

Gestational age (weeks): 22-29 /29-36 / > 36

Growth status: SGA/AGA/LGA

Birth weight (grams):<1000

1001-1500

1501-2500

>2501

Apgar score (for inborn) 1 minute 5 minute

Reason for admission:

- Prematurity <35 weeks
- Respiratory Distress
- Sepsis

Signature of candidate

Signature of supervisor

- Perinatal Asphyxia
- Seizures
- Hypoglycemia
- Hyperbilirubinaemia
- Congenital Heart disease
- Necrotising Enterocolitis
- Surgical Cause
- Small for gestational age
- Large for gestational age
- Congenital renal anomaly

NEONATAL MORBIDITIES

Birth asphyxia requiring bag and mask ventilaton:	Yes/No
Need for ventilation:	Yes/No
Duration of ventilatory support:	
RDS:	Yes/No
Need for surfactant:	Yes/No
Apnea of prematuriy:	Yes/No
Feed Intolerance:	Yes/No
Need for inotropes:	Yes/No
Need for CPAP:	Yes/No
NEC:	Yes/No
Need for phototherapy:	Yes/No
Need For exchange transfusion:	Yes/No
Abnormal ROP screening:	Yes/No
Sepsis:	EOS/LOS/NO
Use of Nephrotoxic Drugs:	Yes/No
Nephrotoxic drug used:	
Duration of Nephrotoxic drugs used (days):	

Signature of candidate

Signature of supervisor

NEONATAL MORBIDITIES AT THE TIME OF AKI

Need for ventilation: Yes/No

Duration of ventilatory support (days):

RDS: Yes/No

Feed Intolerance: Yes/No

Need for inotropes: Yes/No

Number of inotropes used: 1/2/3/4

Need for CPAP: Yes/No

NEC: Yes/No

Sepsis screen +Yes/No

Metabolic Acidosis: Yes/No

PDA: Yes/No

MATERNAL VARIABLES

Age (years):

Infections: Yes/No

Diabetes: Yes/No

Hypothyroidism: Yes/No

Chronic hypertension: Yes/No

Kidney disease: Yes/No

Pre-eclampsia: Yes/No

Eclampsia: Yes/No

Intrauterine growth retardation: Yes/No

Oligohydramnios: Yes/No

Polyhydramnios: Yes/No

Haemorrhage: Yes/No

Multiple gestation: Yes/No

Assisted Conception: Yes/No

Antepartum complication: Reversal/Absent diastolic flow Yes/No

Signature of candidate

Signature of supervisor

INVESTIGATION

DAYS=>							
SERUM CREATININE (mg/dL)							
URINE OUTPUT (mL/Kg/hr)							

Investigation Sheet attached: Yes

MODIFIED KDIGO CRITERIA

Stage	SCr	Urine output over 24 h
0	No change in SCr or rise < 27µmol/L (0.3 mg/dL)	>1 mL/kg/h
1	SCr rise ≥ 27 µmol/L (0.3 mg/dL) within 48 h or SCr rise ≥ 1.5-1.9 x reference SCR[a] within 7 d	>0.5 and ≤ 1 mL/kg/h
2	SCr rise ≥ 2-2.9 x refrence SCr[a]	>0.3 and ≤0.5 mL/kg/h
3	SCr rise ≥ 3 x refrence SCr[a] or SCr ≥ 221µmol/L (2.5 mg/dL)[b] or receipt of dialysis	≤0.3 mL/kg/h

[a]Reference SCr will be defined as the lowest previous SCr value.
[b]SCr value of > 2.5 mg/dL represents < 10 mL/min/1.73 m^2.

Normal Serum Creatinine values in Term and Preterm infants (Mean +/- SD)

Age(Day)	<28 weeks	28-32 Weeks	32-37 Weeks	>37 Weeks
3	1.05 +/- 0.27	0.88 +/- 0.25	0.78 +/- 0.22	0.75 +/- 0.2
7	0.95 +/- 0.36	0.94 +/- 0.37	0.77 +/- 0.48	0.56 +/- 0.4
14	0.81 +/ - 0.26	0.78 +/- 0.36	0.62 +/- 0.4	0.43 +/- 0.25
28	0.66 +/- 0.28	0.59 +/- 0.38	0.40 +/- 0.28	0.34 +/- 0.2

Signature of candidate

Signature of supervisor

Stage of kidney injury: 0/1/2/3

Basis of AKI: serumcreatinine criteria/ urine output criteria/Both

AKI COMPLICATIONS

1. Hyperkalemia (>5.5 meq/l) Yes/No
2. Acidosis Yes/No
3. Pulmonary Edema Yes/No
4. Volume Overload Yes/No
5. Hyponatremia(<130meq/l) Yes/No
6. Anemia Yes/No
7. Hypertension Yes/No
8. GI bleed Yes/No

Day of Onset of AKI:

Probable Cause of AKI:

Sepsis/Dehydration/Shock/Nephrotoxic drugs/others-

Need of Renal Replacement Therapy: Yes/No

Outcome: Discharge/Discharge on request/Discharge against medical advise/expired

Signature of candidate

Signature of supervisor

v

NON AKI

PROFORMA

INCIDENCE AND OUTCOMES OF ACUTE KIDNEY INJURY IN NEONATES ADMITTED IN NICU

S.No.

Name:

MRD No.

DOB

Father's name:

DOA

DOD

Duration of hospital stay (days)

Gender: Male/ Female

Gestation (weeks):

Address:

Mode of delivery: NVD/FORECEPS/LSCS

Site of delivery: OUTBORN/ INBORN

Gestational age (weeks): 22-29 /29-36 / > 36

Growth status: SGA/AGA/LGA

Birth weight (grams):<1000

1001-1500

1501-2500

>2501

Apgar score (for inborn) 1 minute 5 minute

Reason for admission:

- Prematurity <35 weeks
- Respiratory Distress
- Sepsis

Signature of candidate

Signature of supervisor

- Perinatal Asphyxia
- Seizures
- Hypoglycemia
- Hyperbilirubinaemia
- Congenital Heart disease
- Necrotising Enterocolitis
- Surgical Cause
- Small for gestational age
- Large for gestational age
- Congenital renal anomaly

NEONATAL MORBIDITIES

Birth asphyxia requiring bag and mask ventilaton:	Yes/No
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Duration of ventilatory support:	
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Apnea of prematuriy:	Yes/No
Feed Intolerance:	Yes/No
Need for inotropes:	Yes/No
Need for CPAP:	Yes/No
NEC:	Yes/No
Need for phototherapy:	Yes/No
Need For exchange transfusion:	Yes/No
Abnormal ROP screening:	Yes/No
Sepsis:	EOS/LOS/NO
Use of Nephrotoxic Drugs:	Yes/No
Nephrotoxic drug used:	
Duration of Nephrotoxic drugs used (days):	

Signature of candidate

Signature of supervisor

INVESTIGATION

DAYS=>							
SERUM CREATININE (mg/dL)							
URINE OUTPUT (mL/Kg/hr)							

Investigation Sheet attached: Yes

Normal Serum Creatinine values in Term and Preterm infants (Mean +/- SD)

Age(Day)	<28 weeks	28-32 Weeks	32-37 Weeks	>37 Weeks
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7	0.95 +/- 0.36	0.94 +/- 0.37	0.77 +/- 0.48	0.56 +/- 0.4
14	0.81 +/ - 0.26	0.78 +/- 0.36	0.62 +/- 0.4	0.43 +/- 0.25
28	0.66 +/- 0.28	0.59 +/- 0.38	0.40 +/- 0.28	0.34 +/- 0.2

Outcome: Discharge/Discharge on request/Discharge against medical advise/expired

Signature of candidate

Signature of supervisor

INFORMED PATIENT CONSENT

Date: _____

I.....D/o, W/o, S/o..... .....am willing to participate in the study **"INCIDENCE AND OUTCOMES OF ACUTE KIDNEY INJURY IN NEONATES ADMITTED IN NICU"** The procedure with its complications has been explained to me in local vernacular language. I have fully understood that no special tests and extra expenditure in any form, merely for the purpose of thesis is being carried out. I am free to opt out the study any time without assigning any reason.

.....
Signature of the Witness

Name:

.....
Signature of the patient

Signature of Candidate

Signature of Supervisor

मरीज अनुमति फार्म

तिथि _____

मैं _____ पत्नी/पुत्र/पुत्री _____

निवासी _____

इस शोधकार्य **"INCIDENCE AND OUTCOMES OF ACUTE KIDNEY INJURY IN NEONATES ADMITTED IN NICU"** में भाग लेने के लिए सहमत हूँ। मैं इस शोधकार्य में भाग लेने के लिए अपनी स्वेच्छा से तैयार हूँ। मैं पुष्टि करता/करती हूँ की यह स्वीकृति देने के लिए मुझे कोई आर्थिक प्रलोभन नहीं दिया गया और न ही दबाव डाला गया है। मुझे इस शोधकार्य का उद्देश्य स्पष्ट कर दिया गया है और मुझे यह विश्वास है की यह विज्ञान और मानवता के लाभ के लिए है। मुझे इस शोधकार्य में होने वाले जोखिम के बारे में समझा दिया गया है और मेरी समझ में यह जोखिम बहुत मामुली है।

मैं इस शोधकार्य में भाग लेने के सम्बन्ध में किसी भी समय अपनी अस्वीकृति व्यक्त कर सकता/सकती हूँ और मेरे अस्वीकृति व्यक्त करने का मेरे इलाज पर कोई प्रभाव नहीं पड़ेगा।

_____ _____

गवाह के हस्ताक्षर रोगी के हस्ताक्षर/अंगूठे का निशान

नाम: नाम:

_____

अन्वेषक के हस्ताक्षर

_____

विद्यार्थी के हस्ताक्षर

ਮਰੀਜ਼ ਰਜ਼ਾਮੰਦੀ ਫਾਰਮ

ਮਿਤੀ_____

ਮੈ_____ਪਤਨੀ/ਪੁੱਤਰ/ਪੁੱਤਰੀ_____

ਵਾਸੀ _____

"INCIDENCE AND OUTCOMES OF ACUTE KIDNEY INJURY IN NEONATES ADMITTED IN NICU" ਤੇ ਚਲ ਰਹੀ ਖੋਜ ਵਿਚ ਹਿੱਸਾ ਲੈਣ ਲਈ ਰਜ਼ਾਮੰਦ ਹਾਂ। ਇਸ ਖੋਜ ਕੰਮ ਵਿਚ ਹਿੱਸਾ ਲੈਣ ਲਈ ਮੈ ਆਪਣੀ ਮਰਜ਼ੀ ਨਾਲ ਤਿਆਰ ਹਾਂ। ਮੈ ਇਹ ਦਸਣਾ ਚਾਹੁੰਦਾ ਹਾਂ/ ਚਾਹੁੰਦੀ ਹਾਂ ਕੇ ਇਹ ਰਜ਼ਾਮੰਦੀ ਦੇਣ ਵਾਸਤੇ ਮੈਨੂ ਕਿਸੇ ਵੀ ਤਰਾਂ ਦਾ ਲੋਭ-ਲਾਲਚ ਨਹੀ ਦਿੱਤਾ ਗਿਆ ਅਤੇ ਨਾ ਹੀ ਕੋਈ ਦਬਾ ਪਾਇਆ ਗਿਆ ਹੈ। ਮੈਨੂ ਇਸ ਖੋਜ ਦਾ ਮਨੋਰਥ ਸਮਝਾ ਦਿੱਤਾ ਗਿਆ ਹੈ ਅਤੇ ਮੈਨੂ ਇਹ ਭਰੋਸਾ ਦਵਾਇਆ ਗਿਆ ਹੈ ਕੇ ਇਹ ਖੋਜ ਵਿਗਿਆਨ ਅਤੇ ਮਾਨਵਤਾ ਦੀ ਭਲਾਈ ਲਈ ਹੈ। ਮੈਨੂ ਇਸ ਖੋਜ ਵਿਚ ਹੋਣ ਵਾਲੇ ਖਤਰੇ ਬਾਰੇ ਸਮਝਾ ਦਿੱਤਾ ਗਿਆ ਹੈ ਅਤੇ ਮੈਨੂ ਇਹ ਯਕੀਨ ਹੈ ਕੇ ਇਹ ਖਤਰਾ ਬਹੁਤ ਮਾਮੂਲੀ ਹੈ। ਮੈਨੂ ਇਸ ਖੋਜ ਕੰਮ ਵਿਚ ਹਿੱਸਾ ਲੈਣ ਦਾ ਢੰਗ – ਤਰੀਕਾ ਸਮਝਾ ਦਿੱਤਾ ਗਿਆ ਹੈ।
ਮੈ ਇਸ ਖੋਜ ਕੰਮ ਵਿਚ ਹਿੱਸਾ ਲੈਣ ਬਾਰੇ ਆਪਣੀ ਰਜ਼ਾਮੰਦੀ ਕਿਸੇ ਵੀ ਸਮੇ ਵਾਪਸ ਲੈ ਸਕਦਾ ਹਾਂ/ ਸਕਦੀ ਹਾਂ ਅਤੇ ਮੇਰੀ ਰਜ਼ਾਮੰਦੀ ਵਾਪਸ ਲੈਣ ਦਾ ਮੇਰੇ ਇਲਾਜ ਤੇ ਕੋਈ ਅਸਰ ਨਹੀ ਹੋਵੇਗਾ।

_____ _____

ਗਵਾਹ ਦੇ ਹਸਤਾਖਰ ਮਰੀਜ਼ ਦੇ ਹਸਤਾਖਰ

ਮਿਤੀ_____ ਮਿਤੀ_____

ਪਤਾ _____ ਪਤਾ _____

_____

ਨਿਰੀਖਕ ਦੇ ਹਸਤਾਖਰ

_____

ਸਿਖਿਆਰਥੀ ਦੇ ਹਸਤਾਖਰ